Introductory Lecture

DELIVERED AT THE

OPENING OF THE SESSION (1863-64)

AT

ST. BARTHOLOMEW'S MEDICAL COLLEGE.

By JAMES PAGET, Esq., F.R.S.,

SURGEON TO THE HOSPITAL.

Mr. Treasurer, Gentlemen Almoners, and Gentlemen,—First, Sir, it is my duty to offer to you and the Governors of the Hospital, for the whole School, our thanks for your presence, and for the encouragement which you give to our endeavours to make this great charity useful for the promotion of medical and surgical knowledge. We find pleasure every year in thanking you for the liberality with which you place at our disposal such admirable means of teaching; but not less we acknowledge and praise the wisdom with which you do so. For the advantages of the School and Hospital are mutual; by their union the utility of each is enhanced, and charity as well as knowledge is multiplied a hundredfold. The Hospital is to the School as the food and air, without which there could be no life; and the School is to the Hospital as some constantly invigorating influence, without which life would indeed continue, but would be comparatively torpid, fruitless, and inert. It would be hard to conduct the necessary work of a large hospital without students continually assisting in the wards. But in another, and much more important manner, the presence of a large class of students serves the interests of an hospital, and to-day may well remind us of it. For the 1st of October renews every year an honourable rivalry amongst all the Medical Schools in England; to-day the medical officers of all hospitals that have schools pledge their reputations to a fair and open trial. Students are to-day invited to see, through the whole year, what will be done by the whole medical staff; and what they see they may make public, and what they make public will form a great part of the reputation, good or bad, of all who minister to the sick. Therefore, although the 1st of October has, indeed, its prime interest for the schools,—that is, for teachers and for students,—yet is it scarcely less important for the patients of hospitals, inasmuch as it renews to them the annual assurance, that whatever is done for them will be done with those safest safeguards—publicity and competition. Surely it would be difficult to invent a system more fit than this is to make the medical officers of hospitals work to the full measure of their ability. Scarcely would the rich income of this Hospital suffice to maintain a body of inspectors more able or more willing to judge of us than those around me are. Not even with the strictest system of Government supervision could rewards be given or withheld more certainly, or on the whole more justly, than they are in the reputations gained in our public practice.

And not the wisdom only, but the benevolence, of combining schools with hospitals is shown in the multiplication of charity. For, while in the direct work of your hospital, you count the recipients of your bounty by tens of thousands, you may in its indirect effects count them by many tens of thousands more; for of the hundreds who here learn their profession, every one ministers to hundreds of the fruits of his learning. Hogarth painted for your great hall the "Pool Bethesda"—the pool of blessing to all who could enter it; but even that pool only feebly symbolizes the blessings of an hospital that is made to teach: it is rather like some mighty spring that on all sides overruns, and with dispersing streams blesses every land through which it flows.

But, Sir, let me now address myself to the proper business of the day, which is that of helping our students, if I can, to a prosperous career. Gentlemen, I cannot tell the various motives which have led you to the choice of this profession, nor is it necessary now to scrutinize them. It is enough that you are engaged in it, and that the engagement binds you, not only by considerations of your own interest, but by the weightiest responsibility to God and man, to do your duty in it with all your might. Keep this constantly in view; daily remind yourselves that you propose to take in hand the lives and the welfares of your fellow-men; daily think quietly of what all this involves; and then you will daily decide that not even your own lives must be much dearer to you than the duties of your profession. Keep plain principles of duty such as these in mind, and then in some way or other your profession will be a source of true happiness to you; you will be, in the best sense of the word, successful. For by success we must not mean mere money-making, but the possession of a good professional and social station, the respect of wise and good men, the gratitude of those whom we serve, and, above all, at the close of life, an honest consciousness of well-done duty. Now, how may all this be gained?

The first, or let me rather say the first and the last, means of success is in devotion to your work. As I look round me on the men of my own time, or, looking back, trace the history of those that are gone, and especially of my own pupils that have failed or succeeded in life, I see this more and more clearly every year, that the working men are the successful men. Personal advantages, wealth, family connexions, good patronage,—these all have their influence in our profession as they have in all callings of life; but they have not more with us than they have with others, and, in the long run, work will beat them all, and will lead to a happier and more true success. If we may reckon as work all that which honestly makes us able to prolong and comfort human life, then I am so sure of its sufficiency that I would maintain that there is no calling in life in which the true success is, on the whole, more fairly proportioned to the true work than it is in ours. I cannot stop to prove this now; take it on trust. I am not speaking inconsiderately about it; but it may do more good if I try to tell you now how you should work. This is, indeed, not left entirely to yourselves, for the subjects and the plan of your study are ordained by the authorities of the profession. I do not say that they might not be better than they are; but I believe that they are better than those that are appointed for any other profession in the kingdom. Yes, let me repeat this, lest any defects or any great difficulties should be assigned to errors in the plan of study. I believe that the course of study which is laid down for you is, on the whole, more thorough, and, for all the later duties of life, more complete and well adapted than that which is assigned as compulsory to any other profession in the kingdom. But were its defects greater than they are, yet, since they will not be mended during your time of education, your wisdom will be to make the best use you can of the plan that is appointed for you. Let no one make any special plan of study for himself; that never answers. I have known some that have tried it—eccentric men, who thought that nothing could suit them if it were good for others. But I never knew any good come to an eccentric: after walking for a time in a mist of self-satisfaction, he has almost always ended by being gulfed. Therefore adhere closely to the plan of study which is laid down for you.

It is constructed, or at least it may be used, in conformity with that which should be the character of all good education—namely, to give useful knowledge, and at the same time to cultivate the mental power, by which a well-educated man can always continue to educate himself. And this twofold purpose of your studies corresponds with their twofold character, in that they include both art and science, which, though their principles are inseparably intermingled, and though they must be studied at the same time, may yet, in their relation to education, be spoken of as if they were separate. Skill in the art of saving life and alleviating suffering—this is what you must do good by and get good by; but this skill you will best obtain and best employ if you will learn thoroughly the principles of the sciences by which it is maintained, and if you will study your whole profession in a truly scientific spirit, always carefully observing and reflecting on the facts that come before you, frequently recording them, and constantly arranging them—at least mentally—in their relation to the great laws of life.

It is this double study of science and of art, or of the art in a scientific spirit, which I want chiefly to recommend to you to-day; for that which is put before you in your student-life is the opportunity of learning not merely an art which you may practise as in a trade, but an art and a science by which you may live and hold rank amongst well-educated gentlemen. It seems to me very necessary that we should all keep this clearly in view. Ours has long been reckoned amongst the three learned

professions, though lately I have seen them spoken of as two, and ours was not one of them (an enumeration made, I imagine, by some lawyer). Our profession gained its title, I believe, through being one of the subjects which were taught at the great springs of learning in the older universities; and so long as even a moderately good education was a rare thing, it maintained it easily. But the times are changed; the universities, although I believe they never were absolutely such good schools of medicine as they are now, have less influence in the profession than they once had. The spread of education has brought large classes to our level who were once beneath us; and it cannot now be pretended that the general education which the large majority of us receive, before entering upon the study of medicine, is such as to give us any just claim to a special title or rank as men of learning. I do not complain of this. We have not receded; but because others have advanced in the direction of general education rather more than we have, we seem to be in some danger of losing that which must always be the greatest honour of a class—the honour of pre-eminence in mental culture. I can see no hope of retaining it, except in the admirable opportunities which our profession gives for a thoroughly scientific education. If we cannot be, in the ancient sense of the term, a learned class, let us take care that we be a scientific one; let us be distinguished for the good effects of long-continued intellectual discipline, for thoughtfulness, for liberality, for love of nature, for love of truth, for the promotion of all real knowledge. These are some of the marks of true men of science, amongst whom I urge you to gain rank, not only for your own honour and that of the profession, but because the means by which you may do so are the very same as those by which you may best qualify yourselves for the plain duties of your life. Study, from the first, both the art and the science of your profession: I say both, from the first; for it seems to me a great mistake into which some have fallen, being misled perhaps by a love of order and of seeming completeness in a scheme of education, that all the earlier years of your study should be given to the science, and that only after this is acquired should you proceed to the study of the practice of your profession. Doubtless this would be right if medicine were a perfect science, if all practice had a scientific basis, and if it were a matter of necessity that you should study first one and then the other of the component art and science. But medicine is a very imperfect science; and a great deal of good practice has no science at all in it; and there is no necessity for studying one of these things before the other. Besides, you have no time to lose; you have things to learn which are learned best by the young; and of this I am quite sure, by long experience amongst students, that they who have succeeded best have been those who from the very beginning of their studies, and for the most part even before their studies in the schools, have been daily engaged in the practical study of the sick; who have daily watched disease—seeing and hearing and touching its signs—daily noting its effects and the influence of remedies. And probably a great part of the reason of their success has been in that they have proceeded very early to the special education of their senses—an education which can hardly be begun too soon, and which becomes more difficult the longer it is deferred. Let me speak of this to you—at least to those amongst you who have not yet sufficiently considered the influence of the will upon the organs of sense.

You are familiar with the need of practice for the attainment of manual dexterity; you know, or you will have to learn, how by repeated, well-directed, and attentive efforts of the will fresh movements may be acquired by the muscles, or more ease, swiftness, or precision in those that were learned long ago; and you know besides that only your own practice can give you this, and that no one can attain to great excellence in it unless he begin early and work at it steadily and with a strong will. Now, just the same is true of the senses; they are as amenable to the influence of the will as are the muscles of the hand or of any other part. As with repeated influences of the will muscles may gain new movements, so with repeated influences of the will, in acts of attention, the senses may become instruments of new perceptions; and such instruments they must become to you even for the skill that you will need in the ordinary practice of your life. You that are beginners in study must learn, before you are beginners in practice, to perceive things that are at this time to you absolutely imperceptible. For example, with the eye you must learn to see expressions of disease—colours, and forms, and transient movements—which are to your present uneducated sight absolutely invisible—invisible even though they be described and pointed out to you; with the ear, the sounds of the heart and of the breathing in their finer modifications must become distinct and clear to you, though as yet they are inaudible—not merely unintelligible, but quite inaudible; and with the hand you must learn varieties of pulse which are as yet in mere confusion to you, and they must become to you as distinct as are the objects of your coarsest touch. Now these and a hundred things of the same kind must be parts of your study. You have not only to observe, and to collect facts, and to receive knowledge by tradition, but even while observing you have to educate your senses into the power of observing well; and in this process you must educate yourselves. The things to be learnt may be put before you, but the learning must be through your own wills acting with the organs of sense earnestly, attentively, and resolutely; even as, for dexterity, your wills must work with your muscles.

For these amongst many reasons, then, it is that I urge you to proceed at once to the study both of the art and of the science of your profession. From the first, not a day should pass but should find you watching the sick, either in the wards or in the out-patient rooms, or whatever other place they may be found in. Whatever else you may be doing, do not neglect this. Not less than an hour a day in any case, and not less than two hours a day when you are not dissecting, should be thus spent; and to this should be added the time requisite for reading, and for recording at least some of the facts that you observe.

It is for the opportunities that it gives in this respect that a large hospital has great advantages. There are at all times in it some facts of the highest and most attractive interest; but—which is much more useful—the less rare facts are presented in such numbers that you may study them in all the varieties that they can present. And in this, as in every good school of medicine, there are ample means and helps for studying accurately and thoroughly. Frequent clinical lectures, and the constant conversational teaching in the wards, will guide you in the study of all that is most interesting and most instructive. The regular courses of lectures upon the practical subjects will guide you in all that need be studied generally, and, together with reading, will enable you to store up your facts in the best order and in their relations to the larger principles of medicine. And, above all, your intercourse with one another, your mutual correction of opinions and of impressions, will render such help that, with only moderate resolution, you cannot fail to gather every day fresh stores of knowledge.

And yet you will not gather enough for all your life in practice. Whatever energy and skill you may employ, there will yet remain large quantities of knowledge still to be gathered; and this is one among the chief reasons for the study of the scientific parts of your profession, in order that after you leave the school you may have in yourselves the power of instructing yourselves from the facts that will then come before you. See how the matter stands. Whatever zeal you may use, you cannot learn in three or four years all the knowledge that is to serve you for your life in practice. Year after year you must be constantly learning more. Your life must be, not a life of practice only, but one of continually increasing knowledge. It is so with us all. The medical officers of an hospital like this, though all pretty well advanced in their profession, are forced to study daily. You see us often in difficulty and uncertainty, and working hard to clear our way. Now, the same difficulties, or rather much greater and more frequent, will occur to yourselves. How will you meet them? How will you gain the knowledge by which you must continually direct yourselves in all the contingencies of your future practice? There is really but one safe and efficient way, and that is, by the power of observing and reflecting which you may gain in the study of the scientific parts of your profession. You will have to study hereafter, without guidance, the materials that are presented to you: the effect of your studies will be according to your previous education, your previous scientific discipline. And for this discipline the scientific parts of your study seem to me particularly well adapted. All study is good for strengthening the mind, if only it involves a contest with difficulties; and in the study of the most practical parts of the profession you must so proceed, with watchful observation and reflection, that while gathering knowledge you may at the same time be gaining mental strength. Some men indeed have found in the practical study of their profession all that they have needed for their education, and they have gained therefrom as much strength and pliancy of mind as they could have gained, perhaps, from the best education in the best sciences. But these are comparatively few; and for the greater part of men I cannot doubt that it is wise that even while they are engaged in the study of the very practice and art of their profession, their minds should be disciplined and trained in some purer and more exact sciences than those of medicine and sur-

gery. This at least should be the case until the principles of medicine and surgery become somewhat more certain and precise, or until some of the natural sciences are taught, as they ought to have been long ago, in our schools for general education.

It is, I think, too commonly believed that the chief value of such subjects as anatomy and physiology and chemistry and botany, which I enumerate as the more scientific parts of your study, is to be found entirely in the facts which they supply for daily use in practice. Now, I would not underrate this portion of their value: they do all of them, and especially anatomy and physiology, contain very numerous facts indispensable for safe practice, and often guiding us through difficulties; nevertheless, if this were their chief or their only use, I should think that the extent to which they are taught in medical schools was quite unreasonable. Many subjects of less difficulty and of less extent than chemistry and botany might be found which would supply a larger number of useful facts than they do for our practice; and if only that which is, in this narrow sense, useful in anatomy and physiology were to be taught, I suppose it might be included in less than a hundred lectures. But I maintain that this is not their only or their chief use: their far greater value is in the fact that while you are gathering in them useful knowledge you may at the same time be learning how to observe, record, and think accurately on things appertaining to the living body—how to become, when you are your own masters, your own teachers also.

In anatomy, while you are learning the constructions which, when they are impaired, it will be your business to endeavour to restore, you may be learning, better than in any other science, to what extent the argument from use, design, and final cause can be employed. But I think its yet greater use as a means of scientific education is, that in anatomy the most complex structure yet known is described with a fulness and an accuracy which has not yet been reached in any other science, even in those that deal with simplest things. He that will thoroughly study anatomy will learn that which, for completeness and precision, should be his model in his study and record of all disease. He will see what repeated and sharp scrutiny is necessary for the determination of facts that might seem plain to every man's sight. He may learn, as in no other science, the method and the difficulty and the value of a clear description. He that has thoroughly studied anatomy would never, one would suppose, be slovenly or superficial either in his observation or in his record of facts of any kind.

Of physiology, and in what manner it ministers to the mental education of those that are to study pathology, I hardly need to speak, because the methods of inquiry and of reasoning are in both the same; the subject-matter is the same, and there is scarcely a fact in either that is not in some manner illustrated from the other. He, therefore, that has carefully studied physiology can bring to his study of practice not only the store of facts with which, as with standards, everything that he observes must be measured, but the methods of investigation which he may best pursue, and the general laws with which his conclusions must be conformed.

In botany you may find, I believe, the most perfect examples of natural classification which have yet been attained in any science, and the strictest use of terms. If any mind, otherwise fit for science, lacked the element of order, I think it should be drilled in botany; of which, moreover, as of comparative anatomy, it is no small commendation that it may be the best scientific recreation of even the most active life in practice.

In chemistry you have that which amongst your scientific studies approaches most nearly to the character of an exact science, measuring and weighing the very elements of which we are composed, and gradually unveiling the very forces by which they are combined. For these things it seems to me that, among the physical sciences, chemistry is that which should most affect the course of our inquiries and reflections. None other seems to me to offer to us more hopeful guidance towards ascertaining the very nature of disease, and towards those highest unknown laws which we are too content to call the mysteries of life. Not many years have passed since all difficulties in medical inquiry were closed with a sort of reverent submission to a vital principle—a hopeless finality to which, under other names, some seem still too prone to submit. Chemistry would allow no such boundary to our inquiries; and he who has but a glimpse of the power and spirit of modern chemistry will be very slow to believe that any mysteries in matter can remain always impenetrable to us. I am aware that the parts of chemistry which deal with organic matter and the laws of its combination are so difficult that very few of you are likely to enter deeply into them. But you will get great good if you will acquire only some of the method and imbibe some of the thoroughly scientific spirit in which that subject is taught here. We shall, indeed, lose this year part of the services of Mr. Frankland, who has resigned a portion of his lectureship, because, as he himself has expressed it, he "has long felt a very earnest desire to devote a larger portion of his time to original research"—a motive worthy of the worthily elected successor of Davy, Brande, and Faraday. We cannot without regret lose any part of the services of so distinguished a colleague as Mr. Frankland, and yet I am sure that, with Dr. Odling for his associate, you will find that everything by which chemistry can be made to contribute to your medical knowledge, or to your scientific training, will be put, in the clearest way, within your reach.

These, gentlemen, are the subjects for your scientific training; and these, so far at least as I can estimate them, are their several qualities for training you to the power of discerning truth—a power which must be possessed in considerable measure, not only by those who aspire to be, in the higher sense, discoverers, but by those who have to educate themselves out of even the most ordinary facts that will present themselves in practice. You may ask, Are all the distinguished or successful practitioners of our day scientific men? Certainly not. A great many of those who are most justly successful at the present time know little or nothing of the sciences that I have been speaking to you about. They learned them once, but they have long forgotten them. And a great many in times past knew or believed only such things as we now know or believe to have been erroneous, or, at least, as incomplete as many of the things which we now know and believe will be found to be by our successors. But what of that? This only proves that these pursuits have not their chief value in the useful knowledge which they give for daily practice, but in their education of the mind. There are, indeed, some few men to whom such education seems unnecessary—who seem to have a genius for observation and for thinking; but genius for science is as rare as genius for poetry; and I venture to guess that not one of you possesses either, and to feel sure that there is not one of you but will need some scientific training to make him a creditable member of his profession. Therefore, study the principles of all those sciences now, and study them thoroughly. You must study them now, not only because it is at this time of life that they will have the best effect upon your minds, but because this, your school-time, is, for the large majority of you, the only opportunity you will have. Anatomy and physiology, for example, if they are not studied now, in all probability never will be. And you must study them thoroughly; at least, so far as you can enter into them. You must study them thoroughly, because in all the facts that they give for daily use there is no security except in accuracy. Inaccurate anatomy, for example, is scarcely better than none at all; it can only lead into error. Inaccurate chemistry is nearly as bad; and erroneous physiology has at all times been a most plausible and prolific parent of erroneous physic. And you must learn them thoroughly for this reason too, that there is so little of mental training—so little of intellectual strengthening in mere surface learning. Men who study even errors improve their intellects, though not their knowledge; but they who study only on the surface of truth, may get indeed some knowledge, but their minds often remain so weak that they are unable to use it. It is said, indeed, that knowledge is power; but it is not so in the active competition and rapid progress that we must live in, unless the knowledge has been got by such means as enables its possessor to use it rightly and adapt it. Spite of the proverb, there is a great deal of impotent knowledge in the world; and if you would not add to the list of the possessors of it, take care so to get knowledge that in getting it you may get power whereby to use it and get more.

If you will do this, every future day of your life may be a day of more knowledge and more usefulness; and when you have long ceased to be called students you will find in the daily occurrences of your practice things fit for self-improvement. For he who has once well studied the scientific parts of his profession, and has carefully disciplined his mind, need not afterwards continue in the study of pure science. He may (I do not say that he should, but he may if he please) give up chemistry and botany entirely, and he may leave the study of anatomy and physiology almost as completely as he whose discipline has been in classics may leave them (unless for recreation), and may devote his well-educated mind to the single, proper business of his life. You will nearly all, in a few years, be in the same position as your present seniors: you will have forgotten much of what you learned of these things; and of what remains, much will have become obsolete—(it is so with

all of us.) But never mind; the learning will not have been useless—you will find that it had the use of the exercises of the athlete: they may be forgotten as soon as they are done; but without them his strength and skill would be no better than those of ordinary men.

Remember always that it is only with mental strength and mental skill—such as only a few men have without good education—that real experience can be gained. Experience is of no natural growth in us; it is not commensurate with age. Time will not mend the defects of early study. If you do not begin to observe carefully while you are students, and gain some skill both in observing and reasoning upon your observations before you are twenty-five, it is to be feared that you never will. After about thirty, wise men may grow wiser; but unwise men rarely grow wise. Therefore there are many old men with no experience at all. At the right time of life—that is, at your time of life—they did not learn how to learn; and ever since, though working in the field of knowledge—working, it may be, as hard as wiser men,—they have been gathering only weeds. Among these are they who, if I may use the sacred allegory, are constantly sowing tares among the wheat of truth. Justified, as they think, by age, they scatter everywhere the seeds of the errors they have unwisely gathered.

The experience of a well-educated man—I still speak of one educated in science—does not thus err. Its defects tend to the side of doubt and hesitation; but against these, few men of your age need be warned. To you, the advantages of good education will be unalloyed: with it you will get real experience; and with experience acquired in careful study and consideration, you will gain the best security you can have, not only against the gross errors of a miserable credulity into which men who are uneducated in natural sciences are prone to fall, but against many temptations to which our own profession is peculiarly exposed.

You will be tempted, for example, to think that all knowledge of medicine may be summed-up in some few general principles; or that there is some one grand method of curing all things; or that there are but three or four medicines at all worth using; or else that there are so many, and those all so certain, that it is only necessary to hear the name of a disease to be able to write down at once its remedy. You will be tempted to these things as years go on, and you had better arm yourselves at once against them; for however you may be tempted by them, you will never be led to the belief of them if you will from this time forth live in the habit of carefully observing and recording, or exactly remembering, your observations, and (which is most important) of studying the records or the memories of your failures as well as of your successes.

You will be tempted, perhaps even more, to make displays of cleverness; to wish to seem able to do your whole work, whether in study or in practice, easily and yet well. Why is it that nearly all of us are so much less anxious to be wise than to seem clever? Why so anxious to appear apt at seeing everything at once and at a glance? Surely good education should teach us all that nothing good was ever easy. Now, educate yourselves into the dread of being merely clever; for I am sure that anyone who will fairly review the errors of his practice will find that a very large portion of them must be ascribed to his having underrated the difficulty of that which he undertook—to his having thought that he could do easily that which ought to have cost him labour—to his having, in short, tried to be clever when he ought to have been wise. Oh, beware of mere cleverness!

In another temptation, you will find yourselves, as years go on, disposed to think that it cannot be necessary to go on learning, because knowledge has ceased to be progressive, and all modern discoveries are only old errors in new dresses, and whatever is new is most likely untrue. As yet you can have no notion of the force of this temptation when a man comes to be (say) five-and-forty; and how as he grows older it grows on him; and how hard he finds it not to have something like a grudge against those that are younger and more enterprising than himself; how hard not to wish that his particular piece of the world would stand still. You do not feel this now; but many of you will feel it if you live to be as old as I hope you will; and you will not save yourselves from the shame of being obstructors and hinderers of truth unless you educate yourselves, by researches after truth, into a thorough love of it—into a sort of longing that by any means, whether by your own or others' work, knowledge may continually be increased.

And there is yet another temptation against which I venture to warn you. That which will most harass you in your practice will be the apparent success of dishonesty. You must be prepared for it, for it will not cease in your time, if indeed it ever does. In our department of social life, as in all others, the supply of rogues is duly proportioned to that of fools. For the most part medical dishonesty is but the complement of non-medical folly. Therefore, until there is a wide-spread teaching of natural science, there probably will always be much success in quackery; and when you see how easy the practice is, and how grateful to its victims, and in some hands how successful, at least in money-making, you may be tempted to it. For it cannot but sometimes seem to you that there would be advantage and profit to yourselves in being, not, to be sure, altogether dishonest, but a little unfair, a little self-advertising. Now of course there is laid upon you all the obligation that binds all Christian gentlemen to be sincere and without reproach. But we can none of us be too well fenced about; and it will be well to guard against the temptation to this dishonesty by a consciousness of knowledge gained by good work up to the full measure of our abilities. If the ignorance of others give the opportunity for these practices, let us take good care that no ignorance of ours shall bring us into what may seem to be almost a necessity for them.

And there are yet some smaller temptations, from which good education, and the self-respect which it rarely fails to generate, will save you—things that bring us into ridicule—not so much into serious discredit as into the being laughed at: such, for example, as the pretence of superior knowledge, the imitation of others greater than ourselves, the unreasonable solemnity of manner, the pomp of words, and the affected roughness or suavity of manner. Against all these things a well-educated man may join in the laugh which satirists are never tired of raising.

Now let me sum-up. I have spoken only very generally, and I have omitted many things, trying only to give you general guidance towards a really successful career. For this, in its broadest and best sense, the single rule is, devotion to your duty; and a part of your duty will be constantly and all your life long so to work that you may be always gaining more skill in doing good. And this augmenting skill is to be gained by continued labour in the art and practice of your profession; while yet, with steady observation, and with the calm and exercised reflection of well-educated men, you may be always increasing not only in knowledge but in mental power.

The burden of my address is, work, life-long work. And so it is, and so it must be; there is no success without it—no happiness without it. A kind of success, indeed, there is without it—the getting of money without honour—and to that there are many ways; but we do not teach them here, and I am sure you are not seeking them. Young men never lay plans for disreputable success in life. In fact, I suppose that very few of our profession do, except some of those that have failed of gaining it by fairer means. But you may fairly ask, What is to be the reward of this life-long work? Is it to be anything at all fairly proportioned to it? Now let me try to tell you.

If money-making be the chief object of work ours is not a very good profession. Very few of us grow rich enough either to rise in rank or gain what some aspire after—an independence. But even in respect of money our profession offers some, and those not inconsiderable, advantages. It is attended with very little risk. If few even of those that work well and work hard grow rich, very few are ruined by any fault inherent in the profession. Moreover, I think it may be said that amongst all the callings of life there is none which to fitness and attention to business offers more certainly a fair competency of living. Therefore I think you may promise to yourselves, God willing, a fair competency of living, free, or nearly free, from all risk, and requiring very little investment—that is, of money. That which you must invest is, brains and a strong will.

But if much money is not to be gained in it, how shall such a profession be commended to you? Well, consider, in the first instance, that it is no small advantage to have a profession in which success can be reckoned by something else than money. Where money is the sole test of success, its pursuit is apt to become a very dangerous one—such a one as only men of great virtue can engage in long without damage. Moreover, success in it is no evidence that a man has done anything respectable, or has gained anything which is at all worth his labour; and therefore it is that the most honourable professions—those in which high-born and high-bred men most readily engage—are those which are not remunerated with money, or, at any rate, are rewarded on a far lower scale than mere money-makers would think adequate.

But without money, and with more honour, you may gain that which rich men who want it are ready enough to give their money for; and if that be not enough, then anything that they can barter for it—namely, a good social station, rank among

gentlemen. And this rank, even the best of it, you certainly may have without purchase and without subserviency; but whether you obtain it or not will depend very much upon the manner in which you study and practise your profession. Station has always been given to men of good education. Scholars have always held it, and probably always will; but scholarship is not now the only mark of education. Men of science rank with scholars, and the more you study your profession in a scientific spirit, the more you practise it as thoughtful and observant men, the more certainly will you gain good rank. On the side of money-making, our profession slopes towards trade; on the side of science, it rises towards nobility. You may rank where you will between those two extremes.

It must not be forgotten that there is great pleasure in the pursuit of science. It may be held for certain that those faculties of the mind which belong to the highest human nature, and which in their likeness approach most nearly to the divine attributes, give, in their exercise, the most intense and abiding happiness. Therefore these are the best callings in life which give most occasion for intellectual exercise, provided only they give at the same time opportunity for the exercise of virtue. In this view, if we count with it its allied sciences, I believe there is no calling that can be compared with ours. For intellectual exercise what can offer more? Great stores of knowledge already gathered in, but greater still to be gathered, and amongst these such as may satisfy every variety of intellect; difficulties enough to satisfy the boldest and the most ambitious; breadths of uncertainty such as the most speculative may find room to range in; facts of plain value that may satiate the merest utilitarian; opportunities for experiment enough for the most ingenious; laws large enough for the most capacious—deep enough for the most profound. And in respect of virtue our life is full of occasions—nay, rather, of inducements for it. We live in the daily study of that which we believe to be the most perfect and the most elaborate of God's works—marvellous in its perfection, marvellous in its decay and in its final change. Therefore in our common tasks we may cultivate an habitual reverence and homage, and may find constant aids to faith in the analogy between what we see of the earthly life and what, as revealed to us, we believe of the heavenly. We live amongst the suffering, and every one who needs our help may claim to be an object of our compassion, or may exercise our gentleness and patience. We live amongst the dying, and every day shows to us more clearly than it does to other men the need of watchfulness and Christian prudence, and their reward in the final victory of faith. Surely all these should be deemed great privileges, and the profession should be highly esteemed that offers them, when we consider how vast are the issues that depend upon our conduct in this fragment, this poor beginning, of our endless life, and how much we allow our conduct to be influenced by the circumstances amongst which we live.

Now let me recount to you the good things that your profession offers freely. Competency of living; the society of educated men; blessings from the poor; recompense, with gratitude, from the rich; boundless fields for intellectual exercise; access to the richest stores of knowledge "for the glory of the Creator, and the relief of man's estate;" daily inducements to the exercise of the highest Christian virtues. Gentlemen, all these are before you; and their price is devotion to your duty.

ON THE

TREATMENT OF RHEUMATIC FEVER.

BY WILLOUGHBY F. WADE, M.B., M.R.C.P.,

SENIOR PHYSICIAN TO THE QUEEN'S HOSPITAL, BIRMINGHAM.

THE few remarks I have to make refer chiefly to the treatment of rheumatic fever; still there are one or two points to which I should like to allude first.

Rheumatic Fever seems a more appropriate term than Acute Rheumatism, inasmuch as, by the consent of probably all pathologists, the disease is now esteemed to be an essential fever, rather than a pyrexia consequent upon, and therefore indicative of, local disorder. Most of us must have seen cases in which the febrile symptoms were well developed, whilst the joints remained little or not at all affected. Graves particularly notices this feature, which is also recognised by Latham and Fuller. Now, this is characteristic of idiopathic fevers; nevertheless, in rheumatic, as undoubtedly in typhoid, fevers, the pyrexia may be re-excited or maintained by an accession of new or an aggravation of old local disorder. This fact, as connected with continued fever, has been thrown into relief by Dr. Jenner—"the Dr. Jenner of our day," as Dr. Watson so gracefully styles him. Attempts have been made to determine the exact nature of the *materies morbi rheumatici*. Lithic acid, lactic acid, and an undue preponderance of fibrin in the blood—hyperinosis, as it is termed,—have each been claimants for this bad pre-eminence. Their respective titles to this position I shall not now occupy time in discussing, inasmuch as the question of the exact nature of the rheumatic poison, if such poison there be, is still, in my opinion, an open one.

With regard to the superabundance of fibrin in rheumatic fever, which I believe to be an admitted fact, it has recently acquired additional importance. We know how rare is delirium in this disease, whatever its severity. True, it is not unknown, but when present it would seem to depend upon some peculiar and not well understood condition, and not to be proportioned to the intensity of the pyrexia simply, as in other fevers. Now, the researches of Drs. Charles Hood, Marcet, Erlenmeyer, and Hitterdorff seem to show that there is always a marked deficiency of fibrin in the blood of maniacs, either acute or chronic. A similar condition was found by Andral in idiopathic fevers, of which, when at all severe, delirium is so common a feature. Are we, then, justified in suspecting that there is any connexion between the hyperinosis of rheumatic blood and the infrequency of delirium in rheumatic fever? A therapeutic test would seem to show that when delirium does occur in this disease, the condition of the system approaches that of typhus. I have seen several well-marked cases—one some years ago, which was treated, I forget how, but certainly not with stimulants. It terminated fatally: no marks of inflammation were found in the head. Three others have been under my own care during the last two years—one in the Queen's Hospital, supervening on diarrhœa and attended with bedsore, which recovered perfectly under the use of wine in considerable quantity. The third case, which I saw at Dudley in consultation with Mr. Fereday, also supervened upon diarrhœa, and also recovered upon a freely stimulating plan. These three patients were females. A fourth case, in a man, likewise supervened on diarrhœa, and recovered after free stimulation. The occurrence of diarrhœa in these cases, and their recovery under a highly stimulating plan (recommended first by Dr. Todd), connect them with cases of what were termed by Dr. Marshall Hall the "hydrencephaloid" disease of children, of which diarrhœa is commonly the precursor, and which is also to be best met by stimulants. This infantile disorder did not escape the acute observation of Dr. Gooch.

Two more cases have come under my notice since the preceding remarks were written. One was complicated with extensive pneumonia. Both supervened upon diarrhœa, and both recovered under the free use of stimulants.

This hyperinosis of rheumatic blood has other significant connexions. A similar peculiarity is exhibited by the blood of anæmic patients. Now, we have all heard of anæmia as a sequela and result of rheumatic fever, but we hear little or nothing of what I believe to be far more common—namely, rheumatic fever as a sequela of anæmia. A deficiency of red corpuscles is one of the most common prodromata of the malady. This fact has been concealed by two circumstances. In the first place, when large bleedings, low diet, and inefficient medication were employed in its treatment, with a consequent prolongation of the disease over months, instead of weeks or days, it seemed superfluous to inquire whether the patient had been previously anæmic. In the next place, the flushed countenance and hard full pulse of the fever disguise the ordinary symptoms of anæmia—pallor and feeble pulse,—which do not become manifest until the pyrexia has passed off, and are then attributed to its vehemence. We are often similarly misled in cases of chlorosis. When the patient is first seen, the face flushes with excitement, and the heart's action is stimulated by the same cause; and it is not till this simulation of health has subsided that we discover the well-known proofs of anæmia. I venture, then, to affirm that in most cases of rheumatic fever we shall be able to elicit a previous history of that debility which is so common a concomitant of deficiency in the red globules of the blood. And another feature of such blood—

viz., its excessive proportion of fibrin—is, we know, a most constant if not essential characteristic of rheumatic blood.

I will now pass on to the treatment I adopt in cases of uncomplicated rheumatic fever—that is to say, the routine treatment; for I contend that whilst different cases may present differences requiring certain modifications, yet, on the whole, there are few diseases which are more constant to their respective typical forms, and, if we are to admit the propriety of routine treatment at all, we may safely include this complaint in the category of diseases which may be so dealt with.

I may state that for many years I have paid especial attention to this subject, and when I first went to the General Hospital as house-physician, now eleven years ago, I had, by the kindness of the then physicians to that institution, ample opportunity for employing the various plans recommended by authors.

The first thing to be done, then, is to put the patient in bed, and wrap up each affected joint in a thick layer of cotton wool, secured, but not too tightly, by a tape or bandage. This answers two purposes: in the first place, it preserves the joint from pressure, and so removes one great source of pain and apprehension; in the next place, it preserves a uniform warm temperature of the joint favourable to perspiration, which, being highly acid, we suppose to contain either the actual *materies morbi* or else some of its secondary products, retention of which within the system cannot be otherwise than prejudicial. Besides, the presence of this acid in the blood supplied to the joint we are led to believe to be the chief cause of the local affection; its removal, therefore, even in small quantity, from the joint tends to cure the local disease, though it may produce but little effect upon the general symptoms. Dr. Todd recommends that a layer of oiled silk be wrapped outside the cotton wool; and he adds that, when removed, the wool will be found completely saturated with moisture. True, if we confine all the perspiration of twenty-four hours by means of the impervious coating the wool will become moist, but this is no proof that there has been more fluid secreted than there would have been had it escaped as soon as formed; I think, indeed, we are likely to have less. However, if anyone chooses to adopt this method, I would recommend them to add to the wool a quantity of finely powdered alkali (soda or potash).

Dr. Fuller relates some experiments bearing upon this point. He found that more speedy relief has been obtained by applying an opiated alkaline lotion to the joint than by warm water, solution of nitrate of potash, or simple alkaline solution. He goes on to say: "That the effect observed to follow these saline fomentations has not been due to accidental causes is manifest from the result of careful experiment; for in order to guard against any source of fallacy, I selected fourteen instances in which corresponding joints were affected, and applied a fomentation of warm water to the one joint and an alkaline and opiate solution to the other, and almost uniformly the pain and inflammation continued in the former, and speedily subsided in the latter. Besides this, I have endeavoured to ascertain whether the occurrence of inflammation may not be prevented by impregnating the parts with alkaline matter. In nine cases in which the knees, and in seven cases in which the hands, were in the first instance unaffected, a mixed saline and opiate solution was applied to one joint, and a simple water fomentation to the corresponding joint on the other side. In four of the former cases, and in two of the latter, the joint to which water only had been applied became inflamed, whilst in one instance only did inflammation occur, and that to a very slight extent, in the joint which had been bathed in an alkaline and opiate solution."

These applications might, I think, be used more frequently as preventives of pericarditis. There seems, for example, to be an unusual tendency to pericarditis in rheumatic fever secondary to scarlatina. Of this form of disease I have seen five instances: in four of these there was pericarditis, complicated in two of them with pneumonia. The pericarditis was, in the four cases, of unusual severity and importance. The fifth case, sister of one of the others, was the only instance of scarlatinal rheumatic fever in which spongio-piline saturated with a solution of bicarbonate of potash (half an ounce to eight ounces) was applied to the precordial region, and the only one in which pericarditis did not supervene.

I think the patient's comfort is best secured by a simple application (cotton wool), which does not involve a redisturbance of the part, to the inflamed joints, and by letting the others alone. This being done, I administer a dose of calomel of from five to ten grains in combination with from thirty to sixty grains of the compound jalap powder. In a few hours this produces several copious evacuations containing much bile, and causing a soothed and comfortable feeling as soon as the patient has recovered from the pain and fatigue consequent upon its operation. Indeed, a beneficial effect is oftentimes perceived by the patient some time before any ostensible results have ensued.

Independently of the value which experience awards to this plan as applied to rheumatic fever, we know that in other active febrile disorders a purge containing calomel relieves the systemic irritation in a marked degree. Besides, one of the commonest precursors of rheumatic fever is a yellowness of the sclerotics, which, as well as the irregular state of the bowels and unhealthy character of the motions, indicates the desirability of acting upon the hepatic system. This plan, indeed, has been adopted to the exclusion of all other medication. Dr. Chambers, who was a skilful as well as a fashionable practitioner, was in the habit of prescribing ten grains of calomel every night and a draught of salts and senna the following morning, as Dr. Latham informs us, with much success.

There is this reason against adopting it exclusively: the disturbance of the patient is very painful and distressing, and I think that after the free operation of the single dose, he may be spared all necessity for this disturbance by adopting another plan for three or four days, by which time his movements will be comparatively unrestricted. Dr. Latham points out that whilst Dr. Chambers's method is styled "the purgative plan," yet its purpose is achieved by calomel and purgatives conjointly. "The purgatives," he says, "would not answer the end without the calomel; of that I am quite certain. Neither would the calomel answer without the purgatives, unless it produced of itself ample evacuations from the bowels. It is probable, in short, that the remedial efficacy of the plan resides essentially in the calomel; in calomel, however, not as *mercury*, but as itself—calomel." But it often happens that a patient has taken a quantity of purgative medicine before we are called to him. I am so convinced of the efficacy of the calomel that even under those circumstances I still administer it; but, instead of combining it with a purgative, I add ten or fifteen grains of Dover's powder, which acts as a calmative and promotes perspiration, without diminishing, even if it does not increase, the cholagogue properties of the calomel.

So great is the constitutional irritation that rheumatic fever has been treated exclusively by opium, and this in large quantities, for the disorder establishes an extraordinary tolerance of the drug. Dr. Corrigan, of Dublin, is the present chief supporter of the plan. I have myself given it a very fair trial, but I cannot acquiesce in his faith in its efficiency. It is true that it tranquillizes and solaces the sufferer, and in many cases rest and diluents may during this time effect a cure; but on the other hand, I have seen patients lying for days semi-narcotized, the rheumatic fever itself undiminished. It may, nevertheless, be well conjoined with other more efficacious methods, when the patient is unusually irritable, restless, or incapable of enduring pain, whilst these are working a cure. At the same time I rarely find it necessary to use it; and, as a rule, it is desirable to simplify, and not to complicate, treatment or multiply drugs, else it becomes difficult to distinguish their effects.

The treatment so far indicated does but pave the way for that which is to exercise a speedy and unerring influence upon the course and duration of the disorder. As soon as the patient has taken the powder above directed, he is to commence the use of the following mixture:—Nitrate of potash, one drachm; acetate of potash, three drachms; water, eight ounces: one ounce for a dose. This is to be repeated every two, three, or four hours, according to the urgency of the symptoms. At the same time the patient is to be kept upon slops, and supplied with copious libations of barley, toast, or plain water, thin gruel, weak broths, and so on.

The result of this treatment is, that the urine is increased in quantity and becomes less acid, the nervous irritation is soothed, the heart's action quieted, the arthritic effusion diminished, the pains are allayed; and all this in from twenty-four to seventy-two hours. The patient is often so much relieved by the first night, that he is pleased and comforted by the improvement, and is content without any anodyne, lying quiet and composed, though very likely unable to obtain much or at all events uninterrupted sleep.

Other saline remedies will, I believe, produce similar effects. Thus, Dr. Todd recommends bicarbonate and nitrate of potash; Dr. Weber, bicarbonate of soda; Dr. Garrod, bicarbonate of potash; Dr. Fuller, a mixture of several salts. Lemon-juice alone is employed by Dr. Owen Rees, who believes that its oxygen is directed to those tissues, the imperfect oxydation of which develops the rheumatic poison. Be that as it may, lemon-juice is often efficacious; but my experience of it coin-

cides with that of those who have found it uncertain, and therefore unreliable. I have been so satisfied with the results obtained from the use of the nitrate and acetate of potash since I first employed them, that I have rarely tried any similar drug. The only objection to this mixture is that it sometimes gripes—an unpleasantness which may always be corrected by increasing the quantity of water in which it is administered, or adding to it a little compound tincture of cardamoms. The remarks above made regarding lemon-juice apply also to colchicum, which has the further disadvantage of being oftentimes violent and distressing in its action.

It is quite true that steady persistence in the use of whichever we may select of these salines will be followed in from twenty-four to seventy-two hours by a very considerable alleviation of the symptoms, both local and general; and further, that this amelioration will sometimes progress till a perfect cure ensues. But it is a peculiarity of rheumatic which does not pertain to most other idiopathic fevers, that there is constant tendency to relapse, and this relapse occurs either before the cure is apparently complete, or even after that period. A rheumatic fever of six weeks' duration is not one and indivisible like a typhoid or typhus fever, but rather a succession of rheumatic fevers linked together by periods of partial recovery—i. e., it is a series of relapses; if not of relapses, of migrations, one joint getting well whilst another becomes inflamed. This *erratic* character of rheumatism is most prone to manifest itself in persons who are anæmiated or debilitated from any cause. It may be that it simply wanders from joint to joint, one not getting well till another is invaded; or it may happen that all the joints get well for a period; or again it may happen that all the joints get partially well for a period, and then occurs a relapse. Again, it may happen that whereas for a day or two the patient makes a steady progress towards recovery, yet after that time the disorder comes to a halt. The remedies which for a time seemed to be acting so well, cease to exert any influence. This, I say, will occur under any of the methods which may be classed together under Dr. Todd's group of "eliminative plans."

To show the frequency of these relapses, I quote from several recent authors who have recorded cases for various purposes, but none of them avowedly with the intention of exemplifying this particular point. Of 10 cases related by Dr. Bennett ("Principles and Practice of Medicine"), 3 had relapses. Out of 5 cases mentioned by Dr. Todd, 2 had relapses, and 1 lingered on without change for two weeks. Out of 6 cases narrated by Dr. Fuller, 2 relapsed. Out of 23 cases recorded by Dr. Whitley, which were treated by various physicians of Guy's Hospital, 9 had relapses (one of them two); and a 10th case seems to have had one, but the record is not explicit.

Dr. Basham records 65 cases of acute arthritic rheumatism; and of these 9 had relapses, some of them having had several. Judging from other circumstances, I should think it probable that these nine had become almost if not quite convalescent before that attack which was termed a relapse; if so, it is not unfair to assume that many more had relapses before recovering pretty completely from the first invasion.

Of course the secondary attacks varied much in severity, but they present instances of pericarditis, pleurisy, and iritis, either constituting or attending the relapse, and then occurring for the first time.

It is unnecessary to multiply proofs of the tendency to relapse which I have alleged to be characteristic of this complaint, since of 109 cases 25 relapsed—some several times. Here, then, is a feature which demands our most earnest attention, since its pernicious tendencies are but inefficiently opposed by any recognised plan of treatment. How are we to meet this difficulty?

Rheumatism, whether acute or chronic, like its congener, gout, is more prone to wander in persons whose constitutions are enfeebled; and, as I have already pointed out, many of these patients have suffered from anæmia from a date long antecedent to their arthritic affection. Here, then, seems a plain indication for treatment: support and corroborants—meat, wine, steel, quinine, bark, and so on. The first case which strongly enforced this view upon my mind was that of a girl whom I had charge of at the General Hospital some years ago. It was one of those cases in which the symptoms, though not very severe, were yet persistent, although migratory. She was evidently anæmic. One day she asked for a glass of wine, and I gave it to her; the next day she was better, and I continued to give her two ounces of wine daily, and from that time she steadily convalesced.

Iron is a "strengthening" remedy, but as a rule it is not well borne by a pyrexial system, and it commonly checks secretion, so that it must be used cautiously in the rheumatic habit. When I was in Paris in 1851, M. Briquet, of the Charité, was engaged in making experiments and observations upon the administration of quinine in acute cases of this fever. He had not finished them when I left; but I had seen quite enough to convince me that it was no sheet-anchor when given from the first in all cases, and I had also seen enough to convince me that cases so treated would some of them get well almost by magic. A much older physician than M. Briquet—Dr. Haygarth, a man of celebrity in his time—was in the habit of treating all his cases from the first with bark. Here is an important fact. It may be quite true, as Dr. Fuller points out, that published records of his cases indicate that bark is not a safe remedy when thus used; still the fact remains that Dr. Haygarth treated 121 cases with bark (more or less completely), and was at the end a most strenuous advocate of the plan.

When, then, my attention was first directed to the necessity of preventing relapses, quinine presented itself to my mind as promising to be an efficient agent.

Dr. Fuller uses quinine earlier than most other persons, and the few cases he has published seem to my mind indicative of its utility. His remarks upon it are as follows:—"In my own practice bark has never been given at such an early (from the third to the tenth day) period of the disease, nor have I often seen it so administered by others; but I have repeatedly watched its administration at a later period, while the tongue has still continued furred, and the pulse excited; and it has been so constantly followed by a fresh accession of mischief, that I have been deterred from making use of it until the urine has cleared or has dropped its sediment, the pulse has become soft, and the tongue moist and almost clean." Of quinine he says, it "is more readily and earlier tolerated; and as it is quite as efficient as bark, it should certainly have the preference when the *eruption of sudamina*, the character of the pulse, or the *cleaning of the tongue*, appear to demand or admit of the exhibition of a tonic. It should be used as a corrective and restorative of the processes of assimilation when the febrile paroxysm is beginning to abate, rather than as a cure during the active stages of the disease."

If, however, we wait till the tongue is quite clean, or the urine normal, and the fever gone, or sudamina are developed, we shall wait in many cases till a relapse, affecting perhaps the pericardium or pleura, has occurred. Nor can we tell beforehand, with anything like certainty, in what cases this will or will not happen.

The plan which I have adopted for some time, then, has been to administer from two to four grains of quinine every three or four hours, *as soon as ever there is a distinct remission in the symptoms:* this happens, as I have said, in from twenty-four to seventy-two hours after the commencement of the treatment. At this period, however, the patient is far from convalescent. The joints, probably, are still painful and swollen, though less so than at first; the pulse perhaps is still quicker than natural, yet it has come down 10 or 15 beats; the tongue is moister and cleaner, though still perhaps loaded with fur.

But whilst I use the quinine in this way to prevent a relapse, which occurs more or less decidedly in 25 out of 109 cases treated in the ordinary way, I cannot trust to it to eliminate the residue of the rheumatic poison in the body, nor to eliminate that small quantity which continues to be formed whilst the quinine is producing its effect, which latter seems to me to be antagonistic to the production of the rheumatic poison. I therefore, whilst giving the quinine every four hours, continue the use of the potash mixture night and morning; and I give of it one or two ounces, according to the amount of fever, pain, and swelling still existing. On the same day that I begin the quinine, or on the next, I allow the patient some meat, and, if he be evidently feeble, a glass or two of wine. The meat I do not press upon him, but if he desires to have it he has it.

When the rheumatism is quite gone, I generally employ steel, and usually in the form of iodide of iron, the iodine acting gently on the excretory organs, whilst the iron helps to restore the blood-globules, so often, as we have seen, deficient. If one or more joints seem to progress less rapidly than the others, it is useful to apply a small blister, as recommended by Dr. Todd; and during convalescence, if any remain, as they often do, stiff and perhaps a little swollen, I paint them with that application common in most hospitals under the name of pigmentum iodinii. Having employed this plan for some years in both public and private practice, I can strongly recommend its adoption, and the more confidently since it has proved as efficacious in the hands of others as in my own.

Birmingham, 1863.

REPORT OF A CASE OF RETENTION OF URINE FROM DISEASED PROSTATE GLAND, AND OPERATION OF PUNCTURING THE BLADDER ABOVE THE PUBIS FOR RELIEF OF THE SAME.

By JOHN GASON, M.D.

THE following case of retention of urine from enlarged prostate gland came under my observation at the Baths of Lucca during the summer of 1862. A Frenchman, aged sixty-eight, had been subject for some years past to occasional attacks of retention of urine from disease of the prostate gland, which was however generally overcome with but little difficulty. I was sent for to see him in consultation at an early hour of the morning of August 18th, 1862. He had been complaining for some days previously of uneasiness in the perineum, attended with difficulty in passing water, which, however, he succeeded in effecting until five o'clock of the preceding evening, when complete stoppage took place. He then sent for an Italian surgeon, who, from that hour until seven o'clock the next morning, vainly endeavoured to introduce a catheter into the bladder. Two more were then sent for, who also failed. One of them said to me that when he first saw this gentleman blood was flowing from the urethra, and that when he tried to introduce the catheter it passed without the least difficulty up to its very extremity into a false passage. The following was the state of this patient when I first visited him:—Blood was flowing in drops from the urethra; there was tenderness all over the abdominal region; a globular substance could be felt distinctly occupying the pubic region and extending half way up towards the umbilicus. On examining the prostate gland per anum, I found it swollen and surrounded by a considerable extent of puffiness. The examination caused him much pain. On attempting to pass a full-sized gum-elastic catheter in the most gentle manner (or rather letting it slip through the urethra), it passed on without any impediment to its very extremity. Finding that it was in a false passage I withdrew it beyond the prostate gland, and requesting that the wire should be drawn out in order to elevate the point as much as possible, at the same time that I gently passed the catheter on, it would pass, notwithstanding my endeavours, to the left of the prostate. Having failed in all our efforts to introduce the catheter into the bladder, it was resolved that the operation of tapping should be performed, the majority preferring that blood should first be taken from the arm, and that his bowels should be well moved by medicine, and that he should have a hip-bath. As he had but very slight fever up to the present time, I preferred that the operation should be immediately proceeded with. The operation was postponed until the evening. Evening came, but no relief. Fever had now set in strongly, pulse hard and quick, headache, great restlessness, thirst, bowels but slightly moved, pain in abdomen severe. He was now brought partly under the influence of chloroform. Having divided the skin to the extent of a quarter of an inch in the median line, and about two and a half above the pubis, a curved trocar was pushed into the bladder, keeping the point perpendicular and the concavity of the trocar towards the pubis. About three pints of dark-coloured urine were drawn off, the urine towards the end containing a quantity of whitish sediment. The canula was secured in the bladder by means of a tape passed round the body, and the orifice of the tube was plugged. I may remark here, that as the trocar contained a groove by means of which the urine could find an exit as soon as the canula entered the bladder, the trocar was withdrawn before the canula was inserted to its extremity. Immediately after the operation, the pulse, which was 120, fell to 80; the patient felt great relief and fell asleep. When the urine was drawn off again in about four hours, a small quantity of dark blood flowed along with the urine. The next morning he complained of much uneasiness and distension of the abdomen, which was hard and tympanitic. He had no pain on pressure in any part. Ordered a dose of infusion of senna with sulphate of magnesia, which operated fully in four hours. The motion contained a large quantity of the seeds of strawberries, of which he had been partaking largely for some days previously; the motion was very fetid and much gas passed away at the same time. He now felt much relieved, but the pulse, which had fallen after the operation, rose in frequency; his tongue became dry and brown, and the abdomen distended with gas. He made no complaint of pain, and lay mostly on his sides. In the course of the day he vomited frequently dark matter. The distension of the abdomen increased; all means failed in producing further evacuations from the bowels or the discharge of more gas. The urine was drawn off regularly. He died the next morning, his death appearing to be produced by suffocation from the great distension of the bowels. No post-mortem examination was made.

Notwithstanding the fatal termination of this case, it affords an opportunity for the following remarks:—Obesity forms no obstacle to performing the superpubic operation. The objection to puncturing the bladder in this situation without cutting down on it, as recommended by some writers, is removed by using a curved trocar with a groove, which will allow of the escape of the urine as soon as the canula has fully entered the bladder. By this contrivance the trocar may be withdrawn and the canula pushed fully into the bladder without any danger or difficulty. The pain of pushing the trocar through a superincumbent mass of tissues is lessened by the use of chloroform. The advantage of performing the operation in this way is great, as no urine can pass along the sides. The operation is more easily performed than any other; it does not prevent the exhibition of aperient medicine; the bed is more easily kept dry; the operation is performed at a distance from the seat of the disease, and the patient is enabled to draw off the water himself. In operating some inconvenience may arise from the liability of the trocar to slip out of the canula, from which cause the bladder may not be sufficiently perforated. This may be guarded against by keeping the handle of the trocar firmly pressed against the palm of the hand. An objection has been raised to leaving the silver canula in the bladder from the danger of its injuring the opposite coats. This objection might hold good if it were intended to leave the catheter in the bladder for any great length of time; but, as in such a case as this, where time is only required to allow of the false passage being healed, and of the inflammation of the prostate being subdued until a catheter may be introduced by the urethra, this objection, it appears to me, falls to the ground.

Via della Mercede, Rome, 1863.

A Mirror OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla autem est alia pre certo noscendi via, nisi quamplurimas et morborum, et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

MIDDLESEX HOSPITAL.

CASE OF STRANGULATED FEMORAL HERNIA; GANGRENE; OPERATION; CONSTIPATION FOR EIGHT DAYS; RECOVERY.

(Under the care of Mr. MOORE.)

THE following case affords a good illustration of the unimportance of an immediate action of the bowels after an operation for strangulated hernia; for if the stricture is relieved and the pain alleviated, so that the patient can sleep a day or two, rest acts beneficially by giving the injured part of intestine time to recover from the effects of the strangulation, whilst the risk of peritonitis is greatly diminished by the avoidance (for a time) of purgatives. For the notes of the case we are indebted to Mr. W. G. Lee, house-surgeon:—

Ann H——, aged sixty, was admitted into the hospital on Nov. 17th, 1862, with a swelling in the left groin, which first appeared ten years ago whilst she was lifting a heavy weight. She has not worn a truss, and the tumour has always increased in size on any extra exertion. On Nov. 13th (four days before admission), upon her coughing, it became very painful; and

the next day the skin covering it became red, and vomiting set in, the ejected matter being very offensive. On the 15th of Nov. she complained to her friends of the pain in the bowels, which by this time had become very severe, and took castor oil, sulphate of magnesia, and some purgative pills, which only aggravated the sickness and increased the pain. She was brought to the hospital on the 17th, four days after strangulation.

Nov. 17th, six P.M.—State on admission: Skin cool; expression somewhat anxious; pulse 120, small and weak. Complains of great pain in lower part of bowels, and on examination a swelling was found in the left femoral region, of a doughy consistence, measuring three inches transversely by one inch and a half vertically. The skin covering it and for six inches round was very red, the superficial parts being œdematous. No action of the bowels since the 13th. The taxis was tried without any good result, and at half-past eight P.M. she was placed under chloroform, and the taxis renewed, under which the tumour diminished in size, with distinct gurgling, but returned to its original dimensions as soon as the pressure was removed. An incision about two inches long was then made vertically over the neck of the sac, and after some enlarged lymphatic glands were cleared away, the sac was found in a gangrenous condition, and surrounded by some very vascular tissue. On opening it, a quantity of oily fluid escaped, with some air bubbles, having a very fetid odour, and lastly a portion of omentum in a sloughy state was protruded. The incision was then enlarged so as to examine the parts more thoroughly; but no bowel could be seen, although something was felt very deeply which resembled bowel, and it returned without difficulty into the abdomen upon slight pressure with the finger. A ligature was then placed round the neck of the protruded omentum, which, together with the sac, was removed. The wound was filled with a sponge, and left open. Ordered six ounces of brandy and strong beef tea.

18th.—Two A.M. (five hours after operation): Skin warm; countenance cheerful; pulse 112. No pain, but feels very low. No hæmorrhage from wound.—Half-past eight A.M.: Has not slept, but feels comfortable. Has passed urine several times without difficulty, but no motion. There is slight tenderness in the lower part of the bowels.—Ten P.M.: Pulse 104, stronger; tongue white and moist; pain in abdomen less; slight cough. Wound looks sloughy, and smells offensively; very little discharge. To have a mixture of paregoric, chloric ether, spermaceti, and peppermint-water, every four hours; and a lotion of carbolic acid.

19th.—Slept a little during the night. Tongue clean; cough better; no pain. Redness and swelling about wound subsiding; wound looks cleaner, but smells very offensively (? fæcal) at the upper part. She has no appetite, but much thirst. Ordered barley-water and chlorate of potash (half a drachm to the pint).

20th.—Pulse 100; tongue more coated. Fulness and pain in abdomen; bowels not relieved. Linseed-meal poultice to the abdomen.

22nd.—The ligature came away this morning, with considerable portions of slough. No motion. To have an enema of starch.

23rd.—The enema was returned unoiled shortly after administration. Greater part of wound granulating; upper parts brought together by strapping.

24th.—To have an enema of castor oil, and a carminative aperient draught.

25th.—Vomited during the night; bowels unrelieved. Repeat enema and draught.

26th.—The bowels have acted three times freely; motions natural, and not very offensive. Is free from pain. Appetite improved. Wound granulating freely.

Jan. 20th, 1863.—The patient has gradually convalesced up to the present time. The wound is now quite healed.

She was fitted with a truss, and discharged on Jan. 28th.

KING'S COLLEGE HOSPITAL.

TWO CASES OF STRANGULATED FEMORAL HERNIA SUBMITTED TO OPERATION.

(Under the care of Mr. HENRY SMITH.)

It is a common subject of remark that no two cases of strangulated hernia are alike, frequent as is the occurrence of this accident. The cases of which we give brief notes present a remarkable contrast to each other, although in both the strangulation had been allowed, as is too often the case, to exist for a period of several days. It is generally supposed that the mischief wrought upon the constricted tissues depends more upon the tightness of the stricture than upon its duration: but in the one case, where the stricture was exceedingly tight, and had continued for four days, no mischief was produced; whereas in the other patient irreparable mischief was the result of strangulation of the same duration, but of a much less severe nature as regards the amount of pressure exercised by the stricture. One cause, doubtless, for this difference in the two cases will be found in the ages and conditions of the two patients. One was a tall, stout woman, of middle age; the other was a little, thin, wiry old woman, and it is well known that in persons of this age and condition the effects of strangulation are not so bad or rapid as in younger, more robust and corpulent persons. The lamentable effect of allowing strangulation to continue so long is too well illustrated by the second case.

CASE 1.—Mrs. ——, a slight, thin woman, aged sixty-three, was brought into the hospital late at night on the 29th of June, with a small femoral hernia which had been strangulated for upwards of four days. Various attempts had been made to reduce the tumour, but in vain, and when the woman was brought in, she was suffering much, and there was stercoraceous vomiting. Mr. Henry Smith saw her at once, and, finding the tumour very hard and painful, determined to operate without delay. A single straight incision being made over the inner side of the swelling, the sac was opened, and a quantity of serum evacuated, when a small fold of intestine was seen, of a very dark colour, but otherwise healthy. The stricture was excessively tight, but Gimbernat's ligament was divided very cautiously, and the intestine returned.

This patient went on very well. The bowels were moved by medicine four days after the operation, and she left the hospital quite well after a short period.

CASE 2.—Mrs. ——, aged forty-five, a tall, stout woman, with a florid complexion, was brought into the hospital on the 22nd of July, with a large swelling on the right side, extending apparently from the anterior spinous process of the ilium right across the groin. There was no distinct hernial tumour, but there was one large mass or mound of indurated and inflamed tissue, regarding the nature of which there might be readily some doubt had not the symptoms of strangulation been so well marked. It appears that she had long suffered from hernia, and about a year previously the tumour had become strangulated; but she was relieved, without operation, in this hospital. Upwards of four days prior to her present admission the hernia descended again, and it could not be returned. Two days afterwards she was seen by a medical man, who tried to reduce the hernia, and, failing to do so, ordered her to go to the hospital; but from some cause or other there was a delay of forty-eight hours. The tumour was exceedingly painful; the tissues somewhat livid; the countenance anxious, and pulse very small. Before operating Mr. Smith remarked to the pupils that he expected to find very serious mischief had taken place, in consequence of the livid and œdematous state of the skin, but it would be wrong to let the woman perish without an effort to save her. It was impossible to say whether the hernia was inguinal or femoral, and under these circumstances he should make a single long incision right across the centre of the tumour, so that he might act according to circumstances. On cutting down to the tumour a large quantity of fetid sanipurulent matter escaped, and on wiping this away, a mass of omentum, in a highly diseased state, appeared, and enveloped by this, at the bottom of a deep sloughy cavity, lay a fold of intestine of a dark chocolate colour. The stricture, which was in the femoral ring, exercised so little pressure that the finger was with a little care introduced under it, and the gut was liberated. Immediately the knife was applied a large gush of fæcal matter appeared. The diseased omentum, which here and there presented patches of gangrene, was cut away, the wound left unclosed, and a poultice was ordered; but the poor woman made no attempt to rally, and she died a few hours after the operation.

On a post-mortem examination a small portion of the ileum was found in a gangrenous condition, and it had given way just below the stricture by several cribriform openings. Mr. Smith remarked, that those looking on at the time of the operation might have supposed either that he had touched the gut with his knife, or that it had given way under the pressure of

his fingers; but the examination conclusively proved that the gangrened intestine had given way before, and that the sudden escape of fæcal matter was the result simply of relieving the stricture.

CHARING-CROSS HOSPITAL.

DISEASE OF THE RIGHT KNEE-JOINT FOR FIVE YEARS, RESISTING TREATMENT AT VARIOUS HOSPITALS; EXCISION; RECOVERY, WITH A USEFUL LIMB.

(Under the care of Mr. HANCOCK.)

THE notes of the following cases were kindly furnished by Mr. Alfred G. Snewin, clinical clerk.

Alice B——, aged ten, was admitted March 24th, 1863, suffering from swelling of the right knee, with contraction of the joint. The parents state that the child fell off a bed whilst playing with her sisters on Christmas-day, 1859. She was brought to the Charing-cross Hospital a fortnight after the accident with swelling and stiffness of the right knee. She remained an out-patient for a period of eighteen months. Blistering, incisions, and poultices were had recourse to, but with no satisfactory result. She then left, and became an out-patient at the Royal Free Hospital; various remedies were there applied, during an attendance of six months, but with no better result. By the advice of some friends she was removed to an institution in Hanover-square, where she remained for a twelvemonth, splints and irons being used. However, this treatment proving quite unavailing, and there being no improvement whatever in the limb, change of air was recommended. She was accordingly sent into the country for two months. On her return she was again taken to Hanover-square, and there informed that nothing more could be done for her. She was then taken to King's College Hospital, where a consultation was held, and the result was that amputation of the limb was deemed expedient. The parents, however, dissented. The patient was again brought to the Charing-cross Hospital, and placed under the care of Mr. Hancock.

On being admitted she presented the following appearances: Extreme emaciation; the joint much swollen, and exceedingly tender and painful; the limb above and below much wasted; the tibia dislocated backwards, and the joint much contracted. She complained of great starting in the limb, was feverish and sleepless, and had no appetite. Rest and local applications were still continued, and a generous diet given. All these proving unavailing, on the 20th of June Mr. Hancock excised the joint, using the H incision. A large portion of the tibia had to be removed on account of the complications mentioned.

No untoward circumstances followed the operation. The child has since done well; firm bony union has taken place, and she is now able to move about on crutches, with the prospect of a good and useful limb.

DISEASE OF THE ANKLE-JOINT, ORIGINATING IN A SPRAIN, NECESSITATING AMPUTATION OF THE LEG; GOOD RECOVERY.

(Under the care of Mr. HANCOCK.)

Stephen T——, aged twenty-one, of a strumous habit, a native of Cambridgeshire, and by occupation a hatter, was admitted into the hospital on the 31st of March, 1863. He states that in December last he had a severe sprain of the right ankle, which continued to get worse in spite of the treatment he received, and which appeared to have resulted in disease of the ankle-joint.

On admission he presented an anæmic and emaciated appearance; the joint was much swollen, and on examination fluctuation was discovered. Free incisions were accordingly made, and a considerable discharge of pus followed. He was placed upon a generous diet, and ordered quinine &c. This treatment was continued for some length of time, but failed to produce any relief. The patient's general health not improving, and the disease of the joint appearing to extend, considerable sloughing of the soft parts also having taken place, rendering any wish to excise the joint impracticable, on the 13th of June Mr. Hancock amputated the leg in its middle third. Nothing unusual occurred during the steps of the operation. A good flap was secured from the gastrocnemius and soleus muscles. Union by first intention took place to a great extent; the remainder healed speedily and firmly by granulation. The healing was slightly impeded by the exfoliation of a small portion of the tibia. The patient was discharged on the 30th of June, with a good useful stump. From the date of the operation his health rapidly improved; he had gained flesh considerably, and looked in robust health.

ST. BARTHOLOMEW'S HOSPITAL.

CHIMNEYSWEEPERS' CANCER, INVOLVING THE ENTIRE SCROTUM AND BASE OF THE PENIS; EXCISION.

(Under the care of Mr. COOTE.)

A WELL MARKED instance of this by no means common form of cancer was lately under treatment, in which operative measures were quite successful in extirpating the disease. The patient, Chas. C——, was a chimneysweep, aged thirty years, with epithelial cancer involving the integument at the base of the penis, and that of the entire scrotum. A small epithelial knob had been removed by Mr. Stanley eight years ago. The present disease, which first came as a wart, is of four years' duration, and has been a source of much inconvenience. The mass is partly ulcerated and partly warty; in some situations it is soft and almost semifluid, and the odour from it is very offensive. On the 18th of Aug. Mr. Coote removed the entire mass, leaving, however, the penis and testicles; the latter were exposed, the tunica vaginalis being laid open, but the organs were left entire. Granulations freely sprang up, and the healing process went on kindly. By the 25th of September the wound had nearly cicatrized, and the patient's health and spirits were remarkably good.

Some time since an operation for chimneysweepers' cancer was performed by Mr. Holmes at St. George's Hospital. The patient was an elderly man, in whom the hardness of the disease went very deep down into the scrotum; both testicles could be moved on the tumour, but the right more so than the left. At the operation the right testicle was easily turned out of the scrotum, whilst the left was adherent to a thickened portion of tissue which looked suspicious, but so united to the epididymis that it was thought more prudent to leave it. The glands in the groin were enlarged, but they diminished after the operation. He was seen some months afterwards by Mr. Holmes, when he remained well, although still working at his trade of a chimneysweep.

EPITHELIAL CANCER OF THE MONS VENERIS, LABIA, NYMPHÆ, ETC.; REMOVAL.

(Under the care of Mr. COOTE.)

This case was remarkable for the great extent of the disease, which affected all the external parts of generation, and formed a large and prominent mass of epithelial cancer. The structures involved included the mons veneris, the labia, nymphæ, and clitoris; and the malady was of several years' duration, the patient (Eliza B——) being forty years of age.

The operation to ablate this mass of disease was performed on the 11th August last, and its extent will be understood when it is mentioned that the removal of the entire growth was accomplished partly by the aid of the écraseur and partly with the knife, the dissection being continued down to the triangular ligament, which was to some extent exposed.

This formidable proceeding has been attended by the happiest results thus far, for the great wound has nearly wholly cicatrized over, and the patient is now convalescent.

MULBERRY CALCULUS GIVING RISE TO GREAT PAIN; SUCCESSFUL LITHOTOMY.

(Under the care of Mr. COOTE.)

The patient, John W——, had been the subject of stone in the bladder for nine years, and his case was chiefly remarkable for the great amount of pain which the foreign body caused, giving him quite an aged appearance, although but twenty-one years old. Lithotomy was performed on the 11th August, and an oxalate-of-lime or mulberry calculus removed. Some free hæmorrhage occurred at the operation, but nothing to interfere with his progress towards a good and rapid recovery. The wound has closed, and he is convalescent, and altogether quite a different-looking person.

LARGE ENCHONDROMATOUS TUMOUR OF THE HAND IN A GIRL, INVOLVING THE FIFTH METACARPAL BONE.

(Under the care of Mr. SAVORY.)

A little girl was admitted with a tumour of the size of an orange growing from the dorsal surface of the fifth metacarpal

bone of the left hand. It was congenital; but had grown somewhat during the past three or four years. It was impossible to say before the operation whether the growth was attached to other parts than the bone mentioned. It was removed, whilst the patient was under the influence of chloroform, by Mr. Savory, on the 26th September, and was found to spring from the fifth metacarpal bone solely. As the little finger was not likely to prove serviceable for various reasons, but chiefly on account of the elongation of its tendons over the surface of the growth and the presence of a little tumour on the palmar surface of the first phalanx, it was taken away as well, and the general wound closed. A section of the large tumour showed its consistence to be entirely enchondromatous, and the metacarpal bone was wholly lost in its substance. The wound is healing kindly, and the little patient is doing very well.

Reviews and Notices of Books.

Etudes Ophthalmologiques; Traité Théorique et Pratique des Maladies des Yeux. Par L. WECKER. Tome I., Fas. I. and II. Paris: A. Delahaye.

A Manual of Ophthalmoscopic Surgery. By JAMES HOGG, Senior Assistant-Surgeon to the Royal Westminster Ophthalmic Hospital. Third Edition. London: Churchill and Sons.

IN this third edition Mr. Hogg has greatly enlarged his work, adding to its utility by incorporating the latest views on those deep seated changes of the tissues of the eye which the ophthalmoscope reveals, and of which it every day tends more and more to disclose the nature and the cause. There is no more interesting subject for study than that which is open to the student of affections of the eye at the present time, when the whole pathology of ocular disease is undergoing complete revision, and when the observer is privileged to witness a series of phenomena—alternate effusion, deposit, absorption, inflammation, atrophy, and degenerative change—such as cannot be observed in actual process in any other part of the body. The ophthalmologist may with his mirror see all the processes in operation which the pathologist has hitherto been compelled to infer from the inspection of their final results; and their record and interpretation will afford full occupation to many active workers here and on the continent for some years to come. When the new pathology of the eye is written it may be expected to throw great light upon that of the whole body; for the eye contains nearly every tissue of the frame, and is itself liable to almost every disorder which attacks other parts of the economy. Hence the pathology of the eye will be very nearly a microcosmic review of the fundamental forms of human ailments, effected under the peculiar advantage of ocular inspection of all the stages of disease. This work is still progressing; and meantime those who undertake to draw up the summary of the actual state of things must be content to find the tide rapidly advancing abreast of them. This Mr. Hogg fully recognises, and hence his book is free from dogmatism. The plates are badly executed, and compare disadvantageously with those of other authors, continental and English. But this is of little consequence to those who will use the ophthalmoscope for themselves, and see the glories of the retina and the choroid in health and disease as Nature paints them with her own vivid hues of red, yellow, white, and black, and changes the tints with a rich variety and shadowy delicacy which the pencil of the artist, however skilful, can never hope to emulate; while for those who do not devote to the ophthalmoscope the time and patience necessary to master its management and observe for themselves, works such as this are wholly useless; for, instead of reading the book, they had much better send their patients to the author.

We propose to wait for the completion of M. Wecker's treatise before reviewing it, but may pay it meanwhile the merited compliment of saying that thus far it promises to be the most complete and trustworthy treatise on the diseases of the eye which has yet appeared since the ophthalmoscope revolutionized the theory and the practice.

Prize Essays on Physical Education. Published by the Athletic Society, Liverpool.

THE athletæ of Liverpool are an energetic class, which is doing its best both by word and deed to popularize gymnastics and manly exercises. Amongst other aids to its purpose, it has published three Essays—one by Mr. Pike, another by Lord William Lennox, and a third by Mr. Evans—in praise of "muscularity;" and to which it has awarded prizes. Though we find nothing very new in what these gentlemen tell us, yet all is very true, and we may recommend their pages to the consideration of those who are engaged in the physical education of young persons.

New Inventions

IN AID OF THE

PRACTICE OF MEDICINE AND SURGERY.

NEW VOLVIFORM TRUSS OF M. FALGAS.*

M. FALGAS, of Paris, has devised a very ingenious modification of the ordinary truss, the main feature of his invention being that the pad may, independently of the steel spring, be moved in all directions, and firmly applied to the region where the protrusion is to be repressed.

The manner of using this truss, in any kind of hernia whatsoever, is as follows:—Supposing we have to deal with an inguinal hernia of the left side, the patient is desired to place the volviform truss intended for the left side around the pelvis, after having unscrewed the key (Fig. 1), so that the ball fixed at the end of the slide (Fig. 2) may move in all directions in

FIG. 1. FIG. 2.

the socket placed at the extremity of the steel spring, from which socket, however, the ball cannot escape. The patient then takes hold of the end of the strap, and fixes one of the holes of it to the button placed at the centre of the spring's curve (Fig. 3). When the belt has thus been adjusted, the pad is to be raised with the right hand, and the left hand is to be substituted to the pad (Fig. 4), so as to return the hernia by means of the fingers (Fig. 4). The right hand is then used to guide the very movable pad upon the left hand (which latter is preventing protrusion), and the left hand is gently withdrawn whilst the pad reaches the aperture or ring through which the bowel or omentum habitually protrudes. At that moment both hands should be used to give to the pad the requisite direction and amount of pressure; and when the exact spot has been found, the pad should be kept *in situ* with the left hand (Fig. 5), whilst the right screws down the key which has been before mentioned (Fig. 1). The ball (Fig. 2), by the screwing, becomes fixed in the socket; and the pad remains firmly applied to the spot upon which it had been placed. The left hand is now to be pretty firmly pressed on the pad, as if it were desired to steady it on the ring (Fig. 6); and the strap, which in the first stage of the process had been fastened on the spring, is taken off with the right hand, and fastened to the button projecting from the pad.

Though this description seems long, the actual application is very short, and seems admirably to answer the purpose—viz., to give the pad the desired direction, independently of the pressure exerted by the pring. The buttoning of the strap

* Successor to Carpot, Vignier, and Co., 25, Rue de la Cité.

upon the pad seems to be sufficient to counteract the movements which are usually sought to be controlled by the thigh-strap, which is not used in this apparatus.

FIG. 3.

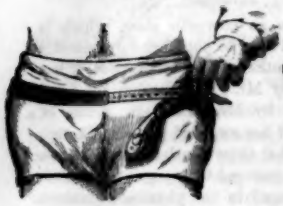
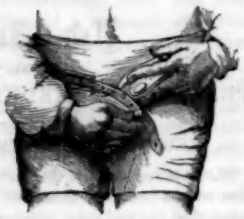


FIG. 4.

FIG. 5.

FIG. 6.



EAR CAP OR COVER.

THIS is a cover for the ear, manufactured of india-rubber, and is moulded exactly upon the external ear. The sense of hearing is little if at all interfered with by the employment of the cover. The object of the invention is to prevent the access of cold air to the ear, and to shield it in cases of disease, as well as to protect it from injury. It is ingenious, and appears calculated to answer the ends contemplated.

ARMY MEDICAL SCHOOL.

THE seventh session of the Army Medical School was opened on the 1st instant by Dr. Maclean, the Professor of Military Medicine. There was a very large attendance of military and civil practitioners and of residents in the neighbourhood. Lord Hardwicke; Col. Wilbraham, C.B., the Commandant; Dr. Anderson, Inspector-General; Sir Ranald Martin, C.B., the Physician to the Council for India; Sir James Clark; Captain Dickson, R.N.; Dr. Mapleton, Deputy Inspector-General, the Head of the Medical Branch in Whitehall-yard; Major Rawlings; Dr. Deane, Inspector-General of Haslar Hospital; Dr. Wm. Bullar and Dr. Wiblin, of Southampton; Dr. Butler, of Winchester; the Professors of the School and Staff of the Hospital; Dr. Bushnan, of Laverstock; Dr. Perry, R.A.; Dr. Marston, R.A., and a great number of other gentlemen, were present.

Luncheon was served in the new mess-room—a splendid room, capable of holding a hundred guests with ease. This room has just been erected, and, in common with all the other arrangements at Netley, shows the desire of the military authorities to make the gentlemen attending the hospital and school as comfortable as possible.

Dr. MACLEAN delivered a very eloquent and telling address, in which a variety of topics interesting to army medical men were noticed. After a reference to the present mode of entry into the service by means of open and fair competition,—a system which he forcibly advocated,—Dr. Maclean alluded to the rumours which have been suffered to creep out on the subject of the amalgamation of the medical services of the Queen's and Indian Armies. He expressed his regret at the report that this amalgamation was not to take place, or to do so only in a modified and imperfect degree, and his belief that the complete union under a single competent administration would have been far preferable. He then proceeded to draw a vivid and forcible picture of the consequences of our rule in India; and after alluding to the extent to which our conquest has benefited, and to an untold extent will hereafter benefit, the nations of India, he named the dark blot of our administration—viz., the loss of European life in India. He vindicated the statistics of the Indian Sanitary Commission from the strictures which have been made on them; and argued that the Commissioners were justified in extending their calculation over a long term of years, and in including the deaths from war and cholera in their returns. He showed how much remained to be done to remove the causes leading to this terrible waste of life, and how due attention to the inflexible laws of Nature would lessen Indian mortality as certainly as it has diminished the mortality of the army at home, or the civil population as compared with mediæval times. To one disease—syphilis—he referred at some length, and stated that even yet we had no real conception of the illness resulting from it. As an instance of this, he mentioned that probably fifty per cent. of the invalids admitted into the Victoria Hospital gave evidence that syphilis had played some part, often an important one, in the production of their diseases. He rejoiced to see that public attention was becoming at length aroused to the necessity of dealing vigorously with this question. Dr. Maclean concluded by describing the kind of work to be gone through during the four months' attendance at the Army Medical School, and showed the great advantage of specific training for the duties of army surgeons.

When the lecture was over,

Col. WILBRAHAM, C.B., the Commandant, made a few remarks. After thanking Dr. Maclean for his very eloquent and most interesting lecture, he welcomed the gentlemen who had arrived at Netley, and trusted that their residence would prove as pleasant to them as no doubt it would be profitable. He said the Government had done everything in its power for them, and he hoped that the time they spent there would not only be useful as initiating them into the service, but would create a spirit of comradeship which they would never again lose. While referring to comradeship, he could not help alluding to the unfortunate tendency which in some quarters existed towards dissension, or, at any rate, a sort of antagonism, between medical officers and their combatant brethren. For his own part, in the two regiments in which he had served, the Rifles and the Fusiliers, he could only say that the medical officers were on terms of the greatest friendship with all their brother officers, and were held in most affectionate estimation. In the Rifles he never heard the name of their Inspector-General (Dr. Anderson) alluded to but with the greatest affection; and the same might be said for another of their present staff, Dr. Morehead. In fact, in the army it was not rank which determined the estimation in which a man was held: it was his own character, his professional attainments and conscientiousness in doing his duty, and his gentlemanly character, which gave him his status with his brother officers. As he had said last session, he hoped that Netley would be to the medical officers of the army what Woolwich was to the Artillery—a head-quarters which all would remember with affection, and to which all during their after-career would like to return.

CARBOLIC ACID.

To the Editor of THE LANCET.

SIR,—The observations of Dr. Crace Calvert, "On the Therapeutic Properties of Carbolic Acid," as attested by the experience of some of the leading practitioners in Manchester and London, deserve the marked attention of the medical profession. I am glad to be able to add my testimony to its excellent effects in various forms of sore-throat, asthma, foul ulcers, and gonorrhœa. In the latter complaint, the carbolic acid, when used in a diluted form, exerts a powerful effect in checking the discharge, and in altering the character of the secretion from the mucous lining of the urethra.

I have also ascertained its effect, when used as an aqueous solution, lightly sprinkled over the ground to check the growth of weeds on garden walks.

I am, Sir, your obedient servant,

R. BARRINGTON COOKE, F.R.C.S.E.,
Senior Surgeon to the Royal Northern
Scarborough, Oct. 1863. Sea-Bathing Infirmary.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.—At a meeting of the College, held on the 2nd inst., Dr. Andrew Wood, F.R.C.S.E., was unanimously re-elected Representative in the General Council of Medical Education and Registration for the period of five years.

THE LANCET.

LONDON: SATURDAY, OCTOBER 10, 1863.

AT this period of the year England becomes aroused to a state of educational enthusiasm. Throughout the country, meetings have been held at which men, whose duties or position prevent their attendance at other times, have addressed popular assemblies or special institutes, and with them discussed the great political or social questions of the day. The agricultural and operative classes have within the last few months received much important and valuable advice on all matters affecting their material and moral condition. It is to be hoped that this sessional tour of senators and philanthropists will not be permitted to pass without some permanent record of those various excellent suggestions to which their experience and wisdom have given expression. Now, when popular publications are so eagerly sought after, we believe that much good would result from a *resumé* of the several addresses which have been delivered since the close of Parliament, and its extensive circulation amongst those classes for whom they were specially intended. We have read with feelings of the warmest admiration the sound practical advice thus conveyed. There can be no doubt that the "education of the people" means something more than the imparting of preliminary knowledge, or the enabling the poor to acquire elementary learning. It implies the inculcation of the principles which contribute to personal discipline, and the schooling of the mind to a fair appreciation of the requirements and duties of that position in which the individual may be placed. "Self-culture" has been variously estimated. One very eminent authority, Cardinal WISEMAN, regards it as the ultimate expression of uninterrupted application disciplined by an inflexible will for the attainment of the highest ambition. The philosophy of the closet differs from the teaching supplied by a practical observation of the reality of life. The latter has recently found expression from Mr. ROEBUCK, who, with his usual severe common sense, has addressed a meeting of operatives on the same subject. Mr. ROEBUCK, without undervaluing the advantages which must accrue from the education of the million, cautions his hearers against the romantic belief that the possession of learning always of necessity affords a man the means of raising himself to a high position amongst his fellows. This he regards as a great mistake, and observes: "Very few people can draw prizes in the lottery of life; where one man makes his fortune a million must rest where they began. Therefore the great object I have in view is to point out to the working man the benefits, the great benefits, which he may derive from education itself—to make him understand that his life will be purer, his life will be better, his life will be a more virtuous life, if he has obtained the benefits of education."

Without discussing the exact importance to be attached to the extreme opinions of either authority, we may observe that both are agreed in the conclusion, that self-reliance is essential for self-progression, and that success is but seldom the creation of accident. The intellectual and moral culture of the human mind has in all ages been a matter of profound discussion. At the present time it is particularly so. Observation has satisfied those most competent to judge that the human machinery is a complex and delicate organization, which must be regarded and cared for as a whole. Unless physical discipline goes hand in hand with mental progress the balance of power on which efficiency depends becomes disturbed, and of necessity the capacity for exertion is diminished. This is a fact not only recognised but acted upon. Our educational establishments throughout the kingdom regard the physical education of youth as of equal importance with their intellectual culture. Our public institutions find that morality and health are the equivalents of exercise and recreation. Experience has recently had a further field for observation. The Volunteer movement, by associating men for the purposes of hardy exercise, has largely contributed to the increase of health and the diminution of debauchery amongst the middle classes composing its ranks. While, then, the immediate effects of duly-regulated physical discipline is the maintenance of bodily health, its not less important result is the preserving the mind in a condition most favourable for receiving and retaining those impressions which study and teaching convey. The several lecturers who have recently inaugurated the Medical Session seem to have advocated a course of study happily combining the advantages portrayed by both the eminent public men to whom we have alluded. By regarding the highest success in Medicine as always practicable, the ambition of the student will prepare the practitioner for the adequate discharge of responsible duties. The conviction that such success, though within our capacity, may be beyond our attainment, far from deterring men from the diligent pursuit of knowledge, to many acts as an incentive to work that they may deserve the reward which they cannot command. The teaching of public men, schooled and experienced in the matter-of-fact affairs of life, is completely in unison with that of those who, in the practice of the medical profession, have attained a position which entitles them to speak with authority as to the means whereby deserved reputations may be achieved. Both are agreed that professional success is not the child of accident, but the creation of progress. This fact cannot be too firmly impressed on the minds of all who enter the profession of Medicine. Its study is the observation of life under the influence of disease; its exercise, the reducing to practical application the suggestions of theory by the teaching of experience. As no more important avocation exists, so no other profession demands from those who embrace it a more complete and perfect appreciation of the responsibilities which attach to the acquisition of that elementary knowledge on which subsequent qualification must rest.

Much stress has been laid on the necessity of the medical student disciplining his studies, and alternating application and recreation. The importance of the latter suggestion cannot be exaggerated. We desire particularly to impress on those anxious to be considered diligent students, that the observation of disease requires a mind educated for the reception of facts, and capable of their clear apprehension. This mental education cannot be perfected unless physical tonicity be maintained and constitutional vigour be preserved unimpaired. Many young men on arriving for the first time in this metropolis at once become immersed in all the fascinations of those studies on which their future is to depend, and, with anxious desire for progress, are forgetful of themselves, until a break-up of their

health is indicated by a break-down of their energy. Others, though less diligent, still, through a sense of duty, are to be daily found in the schools and hospitals where instruction may be gained. Both neglect the observance of daily exercise and relaxation as part of their studentship routine. This, if properly attended to, would in the one instance prevent the occurrence of those breaks in study which the overworking student so frequently experiences; and in the other, convert a seeming into a real appreciation of the opportunities afforded. It is notorious that, with rare exceptions, the best men in our universities and public schools have been those equally renowned in the field as in the class. Medical students, of all others, require to pay particular attention to their physical condition, by regular exercise, liberal recreation, and temperate habits. The nature of their studies is peculiar. It brings them into associations of an admittedly depressing and an especially dangerous character. Anatomical demonstrations and the atmosphere of the dissecting-room alternate with attendance on hospital practice and exposure to varied contagion. Either of these is trying to young constitutions; together, they demand that mind and body be kept as near to the perfection of health as an observance of hygienic rules will accomplish. It is important that this truth be recognised by each one interested in the career of the student. In the present day there is a dangerous system generally being introduced. Knowledge is acquired with extraordinary rapidity. Capability is confounded with capacity, and the power of reply is believed to indicate the reality of which it is but too frequently the shadow. In Medicine this system cannot be too strongly deprecated. Sudden fits of intense application seldom achieve any permanent results. The overwrought strivings of desultory exertion accomplish little substantial good. The knowledge of disease and its treatment demands a higher exercise of the mind than that which is evidenced by an athletic memory. Clear powers of perception — capacity for accurate observation — a *mens sana in corpore sano* — are required to be present in their conjunction, before the medical student can profit by those opportunities which are to him as the bread of his life. Were we addressing such assemblies as those to whom the gifted Cardinal and the learned Member for Sheffield expounded their views, we might, perhaps, point out the particular direction to which physical discipline for the accomplishment of such a conjunction should tend. We believe that, under present circumstances, it is unnecessary to do so. We consider sound physical health quite as essential as great mental power for the obtaining the objects of legitimate ambition, and trust to see a growing disposition amongst the medical students of our metropolis to find in manly sports and recreations, whether Volunteer or otherwise, suitable relaxation from studies requiring earnest and active minds for their due and adequate appreciation.

"INCERTA ratione certa facere." To render uncertain things certain by dint of reason, we have long since heard to be as difficult as to rave rationally. When we see an attempt made to surround any given object with a great number of rules, restrictions, and limitary bounds, so as to render the definition of that object a thing to be attained by difficult and numerous processes of exclusion rather than by any direct means, we begin to doubt the practical character of the project. This objection seems to apply to the series of resolutions constituting the plan of the medical officers of the Children's Hospital, Birmingham, (p. 432) for preventing persons able to pay duly for medical assistance as for other necessaries of life from becoming a burden on the funds of the hospital. But it is of the less force that the main object is of itself so simple, large, and manifestly just that we cannot but anticipate that executive difficulties may be made to vanish by simplifying tests. The abuse of hospitals is twofold: the resources of the hospital are wasted on a number of persons who could afford some payment to a private medical adviser or a club surgeon; they are consumed by a large number of ordinary applicants who are properly objects of parish relief. A writer in the *Birmingham Daily Post*, commenting favourably upon these proposed restrictions, observes that it has been forgotten of late days that hospitals were not designed for every sort of case that chose to apply, but for important cases—such as have already for the most part engaged the attention of medical practitioners perhaps for months or years, or such as, from their severe nature or other peculiarities, demand more than ordinary skill and attention. They were never intended to supplant the private surgeon or to supplement the workhouse; but to aid the efforts of medical men to cope with the maladies occurring in a population consisting of persons just above the condition of actual pauperism. It has been, indeed, observes this writer, most justly said of them, that their real function is to give to the deserving poor those advantages, as regards obtaining the opinion of the most experienced surgeons and physicians, which otherwise would be monopolized by the rich. We consider that three-fifths of the whole number of the out-patients are cases of the most ordinary kind, applying direct to the hospital without seeking advice elsewhere—making use of its funds as other men make use of their club surgeon. The remaining two-fifths are important cases, requiring and seeking the best opinion, probably sent by their own medical attendants, or, at any rate, coming with their concurrence. These cases would probably take up all the time for their proper investigation which is now diffused in so much hurry and excitement over the vast mass.

This view is in the main sound, but it is certainly too narrow, and wants catholic indulgence. In two-thirds of the cases of ordinary nature are included a large number peculiarly deserving of hospital relief. A classification according to urgency and difficulty from a medical point of view would form a very improper standard for trying the fitness of candidates; yet this, taken together with the relative competence of the patient, forms the element of the decision. All accidents and emergent cases are fit for temporary hospital treatment, whatever be the position of the patient; but afterwards the pecuniary test ought certainly to be applied. One of the difficulties in the application of any reformed regulation of this kind may be apprehended to lie in the tenacity of the subscribers and governors in defending their privileges. But all their recommendations describe the person named as "fit" for relief; and if some more exact understanding be obtained of relative fitness and unfitness, they will be bound to see that their nominee comes under the description. The question is one of great professional and no less public importance. On our side, it is one that should be treated with great calmness and deliberation, and not without reserve and some distrust of our first impressions; for the joint interests of the profession are deeply concerned in the limitation of gratuitous medical service to

those only whose peculiar circumstances claim it; and this may unconsciously bias our predilections. On the other hand, our profession holds too rich a heritage in the blessings of the poor that we should lightly peril any part of it by word or deed.

Medical Annotations.

"Ne quid nimis."

THE NOBILITY OF MEDICINE.

IT is told of Abernethy that, years since, fulfilling the functions which Mr. Paget so eloquently discharged last week when he stood as the orator inaugurating the medical session at St. Bartholomew's Medical School, he looked round, as he entered, on the clustered heads, and noticing the young, eager, and expectant faces that crowded the amphitheatre, began his address with the words—"God help you all! what will become of you?" A recent medical author—Mr. Edwin Canton—admirably illustrates Abernethy's thought by quoting a striking passage from the writings of Dr. Johnson. In the course of his life of Akenside, that great moralist writes: "A physician in a great city seems to be the mere plaything of Fortune. His degree of reputation is for the most part totally casual: they that employ him know not his excellence; they that reject him know not his deficiency." By an acute observer who had looked on the transactions of the medical world for half a century, a very curious book might be written "on the fortunes of a physician." Mr. Paget took a more hopeful view; and though he, as well as every man who has opportunities of watching the way of the world and observing "good society," must know how much of bitter truth this sentence holds, yet he chose, rightly as we think, to show rather the silver lining to the cloud. Work, he told them, was the first thing and the second; and he maintained that if we may reckon as work all that which honestly makes us able to prolong and comfort human life, then there is no calling in life in which the true success is, on the whole, more fairly proportioned to the true work than it is in ours. He bade them not confound apparent success—the success of the quack, of the money-grubber, of the fashionable impostor—with the solid success which consists in a "competency of living, the society of educated men, blessings from the poor, recompense with gratitude from the rich, boundless fields for intellectual exercise, access to the richest stores of knowledge for 'the glory of the Creator and the relief of man's estate,' and daily inducements to the exercise of the highest Christian virtues." Herein Mr. Paget spoke loftily and well, and placed before his hearers those considerations on which the incentives to enter on the medical vocation chiefly rest. It is some evidence of the sufficiency of the medical profession to occupy and delight the highest class of mind that a man like Mr. Paget, gifted with an intellect so refined and comprehensive, can find in it enough to exercise his great power and satisfy his mental and moral activity, and, after years of labour and in the prime of a life already rich in experience, can commend his craft in language so eloquent, manly, and sincere to the rising youth of England. A distinguished surgeon, ripe pathologist, and singularly thoughtful author and eloquent speaker, Mr. Paget, by word and deed, offers an example which all may be proud to keep before their eyes, and is one of those illustrations of our profession who dignify it in the eyes of the world.

THE STATUS QUO IN THE ARMY MEDICAL SERVICE.

THE communications which we receive daily from correspondents continue to prove, by evidence but too powerful, too general and convincing, that in the Indian as in the home service the most deep-seated and disorganizing discontent prevails. In the Indian army medical service the state of things seems to be worse than here. As we have before intimated, it is now understood that the long-talked-of amalgamation of the Indian and home medical services will not take place, mainly through the opposition of the Director-General in London. It is, indeed, a thousand pities that from the short-sighted policy and stiff-necked objections of Dr. Gibson, this great opportunity has been lost of consolidating the medical service of the whole army, joining its departments, unifying its system and schools of training and administration, and realizing for it that union which is strength. Certainly the strength of the sticks is not increased by their being bound up in different bundles, and it was desirable, for every intrinsic reason, that the medical department should be efficient and perfect in its organization, and united in its power of action. But the services are not to be amalgamated. Failing this, the India Office proposes to establish a medical staff corps for India, to be drawn from the general list of the British home service, amongst the men of five years' standing, offering them superior advantages in the way of retiring pensions, on the reasonable ground that all their service will be tropical; and they propose to grant these advantages to the old medical service on retirement, although it is not intended that they should join the new staff corps, but continue to serve on as they are doing. This plan too is, we fear, likely to come to grief, as the Director-General in London, Dr. Gibson, protests against recruiting the Indian staff corps from the British list. So that it is probable the India Office will be driven, against its will, to the old system of nominations. But all is unsettled, and meanwhile paralysis has overtaken the medical services in all the presidencies. The army pension funds share in the common distress. All the young medical officers who have gone to India since the new state of affairs have been forbidden by Government to join the funds; and hence these important provident societies, in which for years so many officers have invested part of their annual incomes, are suffering starvation. The Bengal fund, in particular, is unable to give off the usual number of annuities sanctioned by the State, and has applied for a subsidy from Government to enable it to do so. Promotions stand still; many assistant-surgeons are entering on their nineteenth year of service; and disgust and despair everywhere prevail.

What is the state of feeling in the home service the profession now knows tolerably well; and if more certain information were needed, it would be afforded by the storm of indignant replies drawn down by the apologetic communication which we published on the 26th ultimo from a "Deputy Inspector-General," and of which we are only able to print a few. The dying words of that great and good soldier, Outram, approach every day nearer to their realization:—"I much fear that England will not awake to the injustice that her medical service labours under until the next great war, when from want of efficient medical aid her armies have again suffered a terrible disaster." At a rough estimate of the force of the Royal and Indian army medical departments, it is considered that about 1800 medical officers are required, of whom fully one-half are needed for India. The annual decrease by deaths and retirements is stated at 8 per cent., and consequently upwards of 140 new assistant-surgeons are needed every year. With the prospect of eighteen or nineteen years' service in that grade; with the knowledge of the extreme discontent and dissatisfaction prevailing throughout the length and breadth of the army medical service; with the memory of the delay and the trifling which have characterized its management, the truckling and injustice which have found their way into the executive, and the late cancelling of warrants and withdrawal of privileges so soon as the lists were filled and candidates seemed plentiful; with the incessant complaints of all branches of the department resounding through the schools,—it is impossible to suppose that

confidence can be re-established, unless liberal and permanent concession be made of those terms of more rapid promotion, earlier retirement, and gentlemanly treatment, which are on all hands demanded. Unless that confidence be restored, the War Office will be again obliged, should a war break out, to engage civil practitioners at five guineas a day to carry on the work.

INFANTICIDE.

THERE are some subjects which it is almost impossible to discuss dispassionately. Amongst these infanticide is prominent. If we regard the innocent victim, our feelings prompt us to exact the utmost justice for the foul and unnatural crime; if we regard the perpetrator, sympathy for distress than which none more acute or bewildering can possess the mind, most commonly appeals to mercy, and rarely in vain. We do not hesitate to call upon justice to exercise its greatest terrors when we contemplate the crime in the abstract; but when we take our seats in the jury-box we suffer every merciful feeling to be enlisted in favour of the criminal. The law, moreover, accurately reflects this state of public feeling. To substantiate the charge of wilful murder of an infant, evidence is required which can rarely be forthcoming. In two recent cases even the law was stretched to the verge of extravagance to permit the escape of the murderer. In one of these cases, the mother, after discovery of the body of the infant, confessed to having murdered it. A verdict of "Concealment of birth" was out of the question. The child must have been several days old when destroyed, and a successful defence appeared to be an impossibility. But the medical witness for the prosecution, from the advanced state of decomposition of the body when found, could not state in what mode death had taken place. He also admitted on cross-examination that peculiar forms of insanity leading to destruction of life did occasionally supervene after childbirth. The jury, taking advantage of the doubts thus suggested, returned a verdict, more merciful than grammatical, of "Not guilty, in consequence of the medical evidence." There would appear to be little doubt that, under the almost complete immunity of the crime arising from the state of public feeling and the condition of the law, infanticide is on the increase in this country. It is hazardous to form an opinion on the increment or decrement of a crime from the imperfect records published in current journals. A recurrence of remarkable cases is apt to fix the attention to a greater extent than usual on a particular crime, and so give rise to a false impression of its prevalence. Suicide has been commonly thought to have largely increased in frequency of late years, but the more accurate records of the crime which are now published yearly in the "Judicial Statistics" show that this opinion is erroneous. The impression gained, however, from the sad prominence which infanticide has recently obtained in our criminal courts is to a great degree confirmed by the statistical data at our command, although these are altogether insufficient to enable us to form a correct notion of the state of this crime in the kingdom.

The sixth annual report of the Registrar-General enumerates the infanticides recorded in the mortuary returns for the three years 1838-39-40. Within this period 76 murders were registered of children under one year of age, making an annual average of 25. The returns of the verdicts given by coroners' juries were at that time much too imperfect to admit of this average being taken as a standard of comparison. An examination of the returns of murders and infanticides during the five years 1852–56, made by the Registrar-General in his nineteenth annual report, is more worthy of confidence. Within that period 390 murders of children under one year of age were registered, showing an annual average of 78. In the last published report on Judicial Statistics by the Criminal Registrar attached to the Home Office, the number of children murdered under one year of age is for the first time distinguished in the analysis of coroners' returns. The report refers to 1862, and in that year no less than 124 verdicts of wilful murder in the case of infants were returned by coroners' juries, making 56·1 per cent. of the total number of verdicts of murder. This large increase above the average of 1852–56 gives just ground for fear that the augmentation was no temporary exaggeration of the number of infanticides. The annual average of verdicts of murder in the seven years 1856–62 was 210; but in the first three years of the period the average was 190, in the last three 233. The number of infanticides or attempts to commit infanticide in the French returns of criminal justice for 1857 was 246.

In order to interpose some obstacle to the further progress of the crime, an organization has recently sprung into existence in the metropolis, styled "The Infanticide Prevention Society and Maternal Affiliation Institution." The originators propose "to stimulate a healthy national sentiment" on the social enormity of infanticide, "not by exciting a mandlin sympathy with guilt, even under the garb of desertion and suffering in the hour of travail, but by boldly confronting the dark crime of child-murder, and making a resolute effort to absterge from the national escutcheon the foul blot that in Christian England in this nineteenth century many a mother does 'forget her sucking child,' and mercilessly destroy the 'fruit of her womb.'" Further, they aver that the chief motives to the commission of the offence are, the dread of shame and exposure on the part of the mother, her unprovided condition when the hour of travail arrives, her inability to maintain her illegitimate offspring, and the difficulties placed in her way of discovering the putative father, and compelling him to bear his share in the child's support. It is proposed, therefore, to establish a "Maternal and Affiliation Institution," which shall combine the benefits of an asylum and moral reformatory for the shame-stricken mother and her offspring. The institution, say the originators, "shall assume the entire control of the mother and child,—so far as the support and guardianship of the latter are concerned,—and to this end it shall not only have powers to compel contributions from the woman, but also such an allowance from the putative father for the child's maintenance and advancement as his means will afford." By these means it is anticipated that a just public sense of the flagrancy of permitting infanticide to be committed with comparative impunity will be awakened, the employment of unmarried women as wet-nurses will be discouraged, and the principal motives to the committal of child-murder be removed.

Let us at least admire the enthusiastic faith which could prompt this scheme. We gladly recognise any efforts which imply that the restraint of infanticide is not a mere question of criminal law. But an impracticable philanthropic scheme is as injurious to social reforms as miscarriage of justice to legislative repression. By all means let us strive to eliminate from public feeling mandlin sympathy for child-murderers. But do the originators of this Society conceive for a moment that the Legislature, for a remote problematical good, would grant them a degree of control over a sane individual which it concedes only under extreme restrictions in the case of a lunatic or convicted criminal, and hesitates to permit in the instance of a disease-spreading prostitute? Do they imagine that an important parochial duty, or any part of it, would be transferred to an irresponsible and at the best vague organization Both conceptions are simply preposterous. If the originators of this Society think that they can offer an asylum to the victims of profligacy and their illegitimate offspring, and whilst seeking to keep the former clear of a remote Scylla of infanticide, escape from the too probable danger of facilitating the approach of others to a nearer Charybdis of profligacy, we would heartily wish them God-speed. If they can aid the woman and her offspring in obtaining from the putative father such support as they may need, by all means let them do so. If they believe that the maximum allowance now permitted to

be exacted from the father by law is insufficient, let them spare no efforts to convince the Legislature that the principle which has governed the amount fixed is erroneous and harmful. Let them, in fact, make such efforts in the matter as a body of private individuals may do without invoking extraordinary powers from the law, and feel their way towards the good they would compass by sound experimental efforts.

It is obvious that any institution or society such as the one named must at best be but partial in its influence. A modification in the law regulating the punishment for infanticide would alone be coextensive with the evil. Infanticide is wilful murder; the punishment of wilful murder is death. It is patent that no jury, if it be possible to escape from the responsibility, will expose a mother guilty of infanticide to the extreme rigour of the law, and that public feeling would not tolerate the sentence of death being carried into effect in such a case. But the law provides only one means of escape from the difficulty: the alternative of a conviction for concealment of birth. This, however, but partly meets the evil. It does not apply to many cases where punishment is most needed, but where the jury have no choice but to acquit or expose to the sentence of death. Experience teaches us that juries will strain every point to avoid the latter. They would rather that the prisoner should escape entirely, than be subjected to a sentence against which the feelings under such circumstances revolt. Is the difficulty insuperable? Is it not possible to suggest some modification in the law whereby it would be practicable for a jury who hesitate to return a verdict of wilful murder, and where concealment of birth does not apply, to return a verdict—say, for aggravated assault—which would entail a severe penalty? Surely this question might, in the first instance, exercise with advantage the ingenuity of the Infanticide Prevention Society. It is probable they might find that the Legislature would listen more readily to suggestions which, perhaps, involve chiefly a modification in the procedure of our criminal courts, than to suggestions which would turn the principles and practice of important laws topsy-turvy.

PSYCHOLOGICAL MEDICINE.

WE this week record the retirement of Dr. Forbes Winslow from the editorship of the *Journal of Psychological Medicine*, and the discontinuance of that periodical. Originally established by him in January, 1848, this publication has for the last sixteen years continued to occupy the highest position in our philosophical and medical literature. It has been received as a work of authority by every country in which mental diseases are studied. Having in no small degree contributed to the more than European fame of Dr. Forbes Winslow, and in turn derived special value from his supervision, it is now brought to a close. Its editor resigns that *baton* which he has so long and successfully wielded for the combating of error and the vindication of truth. It would be impossible to fully appreciate the service Dr. Winslow has rendered to the progress of psychology did we not recall the fact that his was the first journal exclusively devoted to the discussion and examination of medico-psychological questions. THE LANCET had paved the way and invited to the specialty by the publication of the lectures of Haslam and others. Dr. Winslow recognised the important results which were capable of being achieved by the philosophical and critical examination of the human mind in its varied conditions of health and of disease. Momentous inquiries, in which life and property have been dependent on the medical recognition of mental conditions, have of late years not unfrequently occurred. A higher estimate of the physician's duty, and a deeper sense of his responsibility, now influence medical practitioners when called on to give evidence in courts of law. A more intimate acquaintance with the principles of life, a more profound appreciation of the phases of mental action, are chiefly due to the teaching which for the last sixteen years Dr. Winslow has conveyed both to the profession and the public. How this has been done, each one may perceive who takes up any single number of this remarkable work—a work now numbered amongst the great things of the past. It is something to have thus laid the foundation of a reputation which must last while insanity afflicts mankind. It is something to know that original thought, profound study, and unremitting assiduity have realized complete success. Dr. Winslow has earned the right to such repose as the first practice in the first city in the world will permit. It rarely happens that men attain the object of their ambition. In the present instance we may presume Dr. Winslow has accomplished that which he anticipated. On the success which has attended his labours, he writes as follows:—

"It would be egotistical for me to speak of the increased interest that has been awakened in all medico psychological questions (evidenced by the establishment of a Professorship of Psychological Medicine, and the publication within the last ten years of numerous works on the subject of psychology in relation to the science and practice of medicine); or of the enlightened progress made in the treatment of the insane, arising out of a more scientific appreciation of the great principles of mental and cerebral pathology. The relation between these matters and the publication for sixteen years of this work must be left to the judgment of unbiased minds and the testimony of disinterested persons."

Of that judgment Dr. Forbes Winslow may justly feel proud. With graceful regrets for any pain or annoyance that criticism may have occasioned, and thanks to those whose able writings have contributed to the celebrity of his journal, Dr. Winslow for the present bids his readers farewell, intending, as we gather from his address, to reproduce it in another form. He has deserved and achieved success. The gratification of this assurance we desire to preserve undiminished even when remembering the penalty it involves in the discontinuance of a periodical which has constituted itself a necessity. It will, therefore, be our care that the want so created be provided for, by the discussion in our pages of those several questions, as they arise, which have hitherto found expression in a journal which merited and received the approbation and support of the profession.

THE TITLES OF MEDICAL PRACTITIONERS.

MR. MAUNDER, in his able introductory address at the London Hospital, made some suggestions with regard to the titles to be assumed by consultant practitioners. He thought that it would conduce to the interest and convenience of the public if the consulting surgeon were to prefix to his name "Surgeon" instead of "Mr." He believed that the public would thus be enabled to form a just estimate as to the qualifications of the gentleman whom they wished to call into consultation. We are not of this opinion. Physicians, as a rule, do not profess to give their advice in surgical cases. It is constantly stated, however, that the consulting surgeon draws no distinction as to the cases under his care; be they surgical or be they medical, he hesitates not to attend and prescribe for them. This may to a certain extent be wrong; but a surgeon, whether regarded in the light of a consultant or otherwise, ought to possess a competent knowledge of medicine. Fortunately the days of what used to be called the "purity" of surgery are gone by. The distinctions between medical and surgical practice may be convenient and right so far as regards public institutions. Mr. Abernethy long since demonstrated that "the constitutional treatment of local diseases" was of as much importance to the surgeon as to the physician. It is well known that the practice of that eminent member of our profession was more medical than surgical; in fact, he was to all intents and purposes a "general practitioner." It would have been well for humanity if Sir Henry Halford had possessed some knowledge of surgery; had that been the case, it may be charitably concluded that he would have bled "his friend Lockley," who while travelling with him was seized with apoplexy; in his ignorance, however,

of the simplest operation of surgery, he left his friend in the charge of railway porters to die, because he could not or would not condescend to perform a manual or common surgical operation. We have no sympathy with such an abnegation of duty. Mr. Maunder we feel assured was actuated in the enunciation of his opinions by the best motives. We may remind him, however, that he was addressing an audience who were to become surgeons: not all, it may be presumed, to exercise surgery *pure et simple*; but if they are worthy of the position to which they aspire, they justly regard the name of Surgeon as the one to which they would be entitled. In the present day these gentlemen are competent to meet more than the "common exigencies of surgery." It would therefore be an implied stigma upon them if any persons were privileged by the assent of the profession to assume a distinctive title. This objection is the more cogent from the fact that the pure surgeon is not always the consultant, but too frequently the rival of the general surgeon in practice. There is one remedy, and one only, for the present anomalous condition of our profession, and that is the establishment of the one-faculty system. Whatever may be the apparent difficulties in the institution of so wholesome a reform, it can hardly be doubted that "to this complexion we must come at last."

VENTILATION OF HOSPITAL WARDS.

THE following ingenious method of admitting a continuous supply of pure air around each bed in a sick ward has been found very beneficial in the hospital at Hobart Town, Tasmania, and is being adopted in other similar institutions in Australia. We quote from a letter of Dr. Swarbeck Hall, who suggested the plan, which has been successfully carried out by Dr. Smart, the medical officer of the hospital:—

"The space beneath the floor of the ward has been converted into an isolated fresh-air chamber, supplied abundantly with external air by a large guarded aperture in the wall, and regulated by a pulley door. The pulley chain will be under the charge of the nurse inside the ward, and, by graduated hooks, the admission of fresh air can be increased or diminished systematically. Each bed is elevated on a wide box platform about six inches high, and so much wider than the bedstead as to allow a convenient step for a patient's legs to rest upon. The sides and ends of the platform are panelled with fine gauze wire. A spacious opening through the floor within this special air chamber admits the fresh air from the general air chamber, and a current, almost imperceptible from its extensive division, unremittingly flows through the gauze wire into the ward all round the patient's bed. The vitiated air that rises to the top of the room finds an outlet through an Arnott's ventilator into the chimney, the aperture of exit giving eight cubic inches to each bed. The fresh air in this arrangement will always be supplied on the *plenum* principle in the natural ascensional manner."

The principle of the method here proposed is, we think, the sound one in respect of the admission of the fresh air into wards and other apartments,—namely, the inlet openings being in or near the floor, and not in or near the ceiling, as has been recommended in the recent report of the Barrack Commissioners, and now adopted not only in barrack rooms but also in military hospitals. It will not do to trust to Arnott valves for the escape of the vitiated air. There should be guarded openings in or close to the ceiling, and these should be so arranged that the gas or other lights in the room may serve to promote the upward current and discharge of the impure air as systematically and effectually as the floor openings serve for the admission of pure air.

DRUNKENNESS IN THE THREE KINGDOMS.

IT is difficult from a mere "return" to arrive at any just conclusion as to the causes which have influenced the increase or decrease of intemperance in the several portions of the army located in different districts of the kingdom. Drunkenness is a vice dependent on such various causes, apart from locality, that it would be satisfactory to have some further particulars on the subject. All causes which have a tendency to depress the mental or physical state of the soldier have more or less power over his habits with respect to drink.

We learn that the annual report on military prisons presents some curious statistics of the number of soldiers committed for being drunk. In the five years 1848-52, the annual commitments in England averaged 78 in 10,000 on the force stationed in England; in Scotland the average was 122 in 10,000 on the force stationed there; in Ireland, 291. In the next five years the annual average fell to 73 in England, 64 in Scotland, and 144 in Ireland. In the last five years it has been 79 in England, only 29 in Scotland, and but 68 in Ireland. It will be seen that the decline of the commitments in Ireland is enormous, but still greater in Scotland. The returns are not according to nationality of the men, but locality of tation.

ARMY MEDICAL DEPARTMENT.

STATISTICAL, SANITARY, AND MEDICAL REPORTS FOR THE YEAR 1861.*

No. I.

SYPHILIS AND TUBERCULAR DISEASE: THEIR EXTENT AND RELATIONS.

IN the annual Blue-books of the Army Medical Department is hidden a mass of useful and important matter, which for the purposes of the profession generally is for the most part wasted, inasmuch as it is unseen and unused. Published at the price of five shillings, which barely pays the cost of printing, and not entrusted to any publisher who has an interest in making known its character and contents, the annual volume of this department falls in a measure still-born, and owes chiefly to our care such circulation in the civil world as it attains. This is much to be regretted. The volume is one of great value; and if it were advertised and announced in the way usual with publishers, and its contents duly made known, it could not fail to be very well received by the profession and generally read. We may also express our regret that the Report for 1861 is published so late in the year 1863, and that greater care has not been taken to exclude mechanical and typographical errors. With this all fault-finding ceases; for the contents of the book are honourable to its authors and to the whole department. Some contributions are especially noteworthy.

The first section includes the Statistics of Health and Diseases in the Army, prepared under the superintendence of Deputy Inspector-General Dr. Balfour, F.R.S., head of the Statistical Branch. This formidable mass of figures, dressed into all the various shapes which statisticians love, is for civilians rather hard of digestion; but it naturally claims the first attention, since these figures are the crucial tests of the work done, and serve to prove success, denounce failure, and declare want. The ratio of deaths per 1000 of mean strength in the home troops in 1861 was 9·24, being a slight improvement on that of the previous year (9·95), and a most important one indeed on that which had prevailed prior to the adoption of the measures recommended by the Sanitary Commission of 1858, when the ratio of mortality was estimated at 17·5. Analysis of the admissions and deaths shows the reduction to have been chiefly in the classes of miasmatic and venereal diseases; but, as the reporter sets forth, the leading facts of the great prevalence of venereal and high mortality by tubercular diseases remain unchanged. More than one-third of all the admissions were due to venereal, and about one-third of all the deaths to tubercular disease. Let us for a while fix our attention on these prominent features.

The admissions into hospital in the home army of 91,000 men, for venereal diseases, during the year, amounted to about

* London: Harrison and Sons, for H.M. Stationery Office. 1863.

32,000; upwards of 2200 have been constantly in hospital, and the average duration of the cases has been 24·19 days. The inefficiency caused by it has been equal to the loss of the services of every soldier at home for 8·56 days, or the loss of the services of a body of 1000 men for two years.

Turning now to tubercular disease, we find it causing 283 deaths out of a total of 822 from all causes, and swelling the per-centage of the invaliding lists to a proportionate extent. Dr. Balfour, the author of the Statistical Return, confines himself to marshaling the facts and figures, drawing only arithmetical deductions from them; and the tables are varied so skilfully and accurately as to enable anyone at all accustomed to figures to draw out any series of facts into a given order, although nearly every form of important deduction is already there satisfactorily made. Dr. Balfour certainly foresaw that pathologists and physicians, in reviewing these statistical labours, must ask themselves whether these two leading facts are not something more than merely isolated circumstances demanding independent consideration, for the researches of our modern pathology tend more and more to determine the signs by which the effects of syphilis may be recognised in the causation of structural disease of internal organs.

The question which these figures suggest is the solution of the doubt whether the large amount of pulmonary disease in the army is not the direct effect of the great extent of syphilitic infection. This question is one of vast importance in civil as well as in military life. The labours of Virchow in Germany and of Dr. Wilks in this country, together with those of many other able workers, have especially served to advance our knowledge of this subject. But it is in the army that the greatest facilities exist for the solution of this important medical question; for there the patients, instead of forming part of an ever-shifting population, remain for years under the observation of the same medical officer, who watches the first beginnings of syphilis, observes the ravages of subsequent pulmonary disease, and is by the post-mortem examination able to ascertain the precise structural conditions after death. In our hospitals, the division of practice into "pure surgery," which takes to itself the venereal disease, and "pure medicine," which absorbs pulmonary disease, opposes this continuous observation, even where the changing habits of a civil population do not render it impossible. Turning to the report of Deputy Inspector-General Dr. Mapleton, head of the Medical Branch, we find with satisfaction that this important topic is about seriously to engage the attention of the Department. Dr. Aitken, the Professor of Pathology in the Army Medical School, Netley, contributes an admirable paper on Pulmonary Lesions associated with Syphilis. Although buried in a report of which the circulation has hitherto been by no means commensurate with its value, this paper is certainly destined to influence considerably the advance of our pathology in respect to constitutional syphilis, for army surgeons will find in it all necessary indications for pursuing this subject, and foreshadowings of the promise which such labours hold out. Dr. Aitken observes:—

"Foremost amongst the evils engendered by syphilis is the *deterioration* of the constitution. A condition of ill-health or cachexia is undoubtedly established; and the development of lesions essentially specific are brought about in many of the internal organs. There is perhaps no morbid poison—the paludal or malarious poison not excepted—which has so extensive a range of influence as the syphilitic poison. Hardly any organ is exempt from its destructive ravages; for its virus seems to exert its power chiefly on the connective tissue, and that tissue takes a part in the structure of every organ of the body.

"The medical periodicals for several years past, as well as several monographs on the subject, and the records of the Pathological Society of London, have been mainly instrumental in demonstrating the very remote effects which syphilis exercises upon the organs and the constitution of man. Great advances have thus been made in the pathology of syphilis—advances which are due to clinical, experimental, and post-mortem observations. It has now been clearly shown that many doubtful cases of ill-health are in reality due to the influence of the specific poison of syphilis, the morbid effects of which may not be fully developed till many months, and even years, after the primary infection."

He points out that the more remote effects of syphilis, as to which further definite information is to be desired, are, (1) the specific condition of constitutional ill-health associated with (2) the definite structural injuries, and especially those new growths of connective tissue known as nodes, or gummatous tumours. Surgeons have long been cognizant of such gummatous growths or nodes of the periosteal investment of the bones, especially of the shin, skull, and clavicle, as amongst the commonest features of secondary syphilis; it is now known that they are developed in the lung, liver, brain, heart, voluntary muscles, testicles, and in the eyes. Dr. Aitken discusses with practised skill the tests by which such growths are recognised; and while noting that the post-mortem examinations at the invaliding hospital of the army are extremely rich in syphilitic lesions, notes also that, "whatever explanation may be given of the fact, it is undoubted that a very large proportion of the cases dissected acknowledge in the history of their illness and ill-health that syphilis was the starting-point." Dr. David Milroy, assistant-surgeon, 30th Regiment, gives also an important paper on pulmonary diseases and their relation to syphilis; and they both furnish notes of cases which clinically support the views expressed. Eminent civilians, such as Graves, Stokes, Walshe, and Virchow amongst physicians, and Ricord and Acton amongst venereal practitioners, have urgently directed attention to this subject: nevertheless, it has not yet attracted that attention which it deserves; and in the recent able medical report from the physicians of the Consumption Hospital, on the last ten years of their experience, we do not find any reference to the subject. No doubt their experience will be found proportionately less ample, when they turn their attention to this point, than that of army medical officers, who, in a limited number of autopsies, after death from pulmonary disease, find a large proportion of cases presenting syphilitic lesion of the lung. But, on the other hand, these lesions are not of themselves easily to be recognised, unless the mind of the observer be on the alert. We do not remember to have seen anywhere a more clear and rational account than that which Dr. Aitken gives in his paper; and believing that such description will possess great interest for all our readers, we think it right to quote his account of the character of syphilitic alteration of the internal tissues:—

"The lesions just noticed eventually assume a great variety of anatomical forms; but in the first instance they are to be recognised in the typical form of *nodes*, or *gummatous nodules*. The minute structure of these gummatous nodules has been closely examined by many observers. This gummatous nodule consists of a growth of elements which leads to the development of an elastic tumour composed of well defined tissue, and the elements of which are extremely minute. The tumour takes origin from the connective tissue or the analogues of such; and hence the universality of the site of syphilitic lesions. When these are sufficiently large to attract attention—as in the form of a node on the shin-bone, or on some part of the true skin—they are small, solid, pale knots, like a hard kernel, about the size of a pea. They are generally first seen on some part of the true skin or subcutaneous or submucous tissue; and when the tissue in which they happen to grow is sufficiently lax, they grow to a considerable size, and convey to the touch a sensation as if they were filled with gum. Repeated examinations of this growth show that in its gelatinous or soft state it arises from a prolification of nuclei amongst the elements of the connective tissue, not unlike the formation of granulations in a wound. The component cell elements appear as round, oval, or oat-shaped particles embedded in a matrix of fine connective tissue of a granular character, and tending to fibrillation. The cell elements are a little larger than blood-globules, and are distinctly granular in their interior when mature. In the growing part of the node, and immediately in its vicinity where growth is abnormally active, the minute cell elements are seen to be developed in groups within the elongated and enlarged corpuscles of the connective tissue. In form, therefore, the node or

gummatous nodule resembles a tubercle, and, by fatty degeneration or tuberculization, may not be capable eventually of being distinguished from tubercular deposit. How, then, are we to recognise the specific nature of such gummatous nodules? There is nothing in them so specifically and anatomically distinct that, apart from their history, they can be recognised. The history of the syphilitic case during life is the great guide. The nodes on the shin-bone or clavicles have long been recognised as the product of syphilis. It may almost be said that they have been seen to grow under the eyes of the patient and the observer; and their anatomical characters are found to be such as compose the gummatous nodules just described. In a case of inveterate syphilis, therefore, whose history is fully known, in whom the node on the shin is characteristic and has been seen to grow, and in whom also we find similar nodules in the lungs or in the liver and in the testicles—symmetrically growing in these latter organs—and consisting of minute cell elements exactly the same as the node on the shin, it is impossible to overlook the fact, or not be impressed with the belief, that all these lesions acknowledge one and the same cause of development—namely, the syphilitic poison,—of which they are the expression. The progress of the node is also characteristic and suggestive. Growths of a similar form which result from idiopathic inflammation generally proceed to the formation of an abscess or to the hypertrophy of fibrous tissue. Abscesses are recognised by their pus; fibrous tumours or hypertrophies by the fibre elements which compose them.

"Growths of a form similar to the node which result from cancer are in general to be recognised by the juice expressed from them. In the gummatous nodule we have no juice; and the cell elements seen in cancer are generally so diversified in their form and mode of growth as not to be easily mistaken. The gummatous nodule is uniform as to the size and form of its cell elements, and forms growths less highly supplied with bloodvessels than cancers. Cancers also tend to infiltrate and involve neighbouring textures; the gummatous nodule remains isolated and distinct.

"By way of elimination, therefore, and by duly observing the history of the case, we are generally able to recognise the nature of such growths, and to assign to them their proper place in pathology."

THE ALLEGED CASES OF "BLOOD-POISONING" IN BETHNAL GREEN.

No little excitement and alarm have been created in the north-eastern districts of London by a series of coroners' inquests, which have been held within the past fortnight, upon children who had died in Bethnal Green under circumstances apparently calling for special investigation. The medical attendants were of opinion that the deaths of the children were directly traceable to a polluted atmosphere arising from the insanitary condition of the houses and precincts in which the latter resided; and, guided by this opinion, the coroners' juries returned verdicts to the effect that death had resulted from "blood-poisoning." The cases were distributed in two localities—one named Thorold's-square, and the other Hollybush-place. The gravest cases had occurred in the house No. 19, Thorold's-square. At an inquest held on the 3rd inst. upon two children who had died in this house—named Eliza Rogers and Kate Rogers, aged respectively fourteen months and thirteen years—it was stated by the mother that she had lost five children within the past five weeks, all of whom had died from the same cause. It was also stated in evidence that there was a great deficiency of water on the premises; that the closets were wretched, untrapped, and sometimes overflowing with soil; that the only source of water-supply was a tank with a pump in the centre of the square; and that there were 60 families in the square, having about 350 children amongst them. The water-tank had not been cleansed for three or four years, and the water at times was offensive to the taste and smell. At times, also, the effluvia from the privies would occasion headache, sickness, and even (amongst the children) purging. Mr. Pearce, the medical officer of health for the district, had spoken strongly of the unwholesome condition of the houses and their vicinity.

Mr. John Gay, F.R.C.S., Senior Surgeon to the Great Northern Hospital, made a post-mortem examination of the body of one of the children. He found the lungs healthy, but almost bloodless. The heart was pale and flabby, and almost devoid of blood. The stomach and bowels were healthy; but the peritoneum and lining membranes of the bowels were congested. There was general dropsy over the system, and from his survey of the house he believed that the deceased died from blood-disease for the want of sanitary measures. The houses were unhealthy, and several waterclosets were choked up; and the families looked ailing, pale, and wan, clearly arising from the effects of an impure atmosphere.

Mr. Massingham, M.R.C.S., District Medical Officer, who had seen Eliza Rogers when first she became ill, entirely agreed in the evidence of Mr. Gay.

The Coroner, in summing up the facts, directed the attention of the jury to the evidence of Mr. Gay, which was highly important, as he was a disinterested witness. He had proved on oath that the houses were not fit for habitation, and he believed that the deceased had died from blood-poisoning through the inhalation of an impure atmosphere, brought about by the neglected condition of the buildings. The supply of water was insufficient and bad, and the stench from the closets had proved that the district was badly drained and neglected. The inquiry was an important one; and as one witness had lost five children, it was quite clear that something must be done to remove such a fearful nuisance, which he trusted would be brought before the proper officers of the parish.

The jury unanimously agreed to the following special verdict:—"That the deceased, being children of a tender age, died from the mortal effects of blood-disease, accelerated by want of water and sanitary measures in the district of Thorold's-square."

The peculiarity of this verdict, and the history of the cases which had led to an official investigation, as detailed in the public press, induced us to seek on the spot for information into the circumstances attending the deaths of these children. Mr. Pearce, the medical officer of health for Bethnal Green, very courteously lent us his aid in making this inquiry, and placed at our command the results of his official investigations into the sanitary condition of Thorold's-square and Hollybush-place.

Our first step was to ascertain the chief certified causes of death in the two localities for a short time prior to and at the time of the deaths which had led to the judicial investigations. An examination of the register of deaths threw a somewhat different light upon the probable nature of these cases from what we had expected, and tended to the conclusion, which had been anticipated by Mr. Pearce, that the deaths which had been subjected to a coroner's inquest had arisen from scarlet fever.

Three deaths had been registered at 19, Thorold's-square, in the months of August and September: one on the 2nd of August, a girl six years of age, the cause of whose death was stated to be "scarlatina anginosa;" one on the 15th of September, a girl aged eight years, who was stated to have died from "scarlatina with convulsions;" and one on the 22nd of September, a child aged fourteen months, whose death was attributed to "scarlatina maligna."

On the 25th of September a young brother of Eliza and Kate Rogers was admitted into the London Hospital from 19, Thorold's-square. Dr. Powell, the resident physician, has favoured us with the following facts respecting this case:—The history was imperfect, the friends stating that the lad had been ill for the last three weeks, and denying any scarlet fever. He was insensible, convulsed at short intervals, and there was slight anasarca. Death occurred early on the following morning, without alteration of symptoms. On an examination of the body, the organs were found healthy, with the exception of the kidneys. The left kidney was almost entirely atrophied, only about one-eighth of an inch of renal structure remaining. The

right was hypertrophied, but apparently quite healthy. The death was attributed to uræmic poisoning on account of the state of the kidneys.

The condition of the kidneys is unfortunately not noted in the published accounts of the post-mortem examination made by Mr. Gay of one of the sisters of this boy. But the existence of general anasarca renders it highly probable that she died from causes similar to those which acted fatally on her brother. The prior existence of scarlet fever in the house and family at once clears up any doubt which may have rested upon the nature of the boy's case, and leaves it pretty certain that the succession of deaths at 19, Thorold's-square, arose from scarlet fever.

Scarlet fever was present in Thorold's-square throughout the whole of August and September. On the 5th of August, the son of a master shoemaker, aged three years, died at No. 5 in the square from malignant scarlet fever. On the 4th of Sept., the son of a silk-weaver, aged nine years, died at No. 10, also from malignant scarlet fever; and on the 15th of September, a daughter of the foregoing silk-weaver, aged twelve years, also died of the same disease.

The cause of the child's death at 10, Hollybush-place, which was one of the cases submitted to judicial investigation, and which was also regarded as an instance of "blood-poisoning," is not very clear. It is worthy of note, however, that a child two years old died from malignant scarlet fever in one of the families residing in this house on the 8th of September. "Low fever" was the designation given to the malady of the first-named child on the spot, and a little sister is now recovering from an asserted similar indisposition. Privation but too probably played some considerable part in the ailment of the first child, and still plays its part in the sickness of the second.

The house No. 10 in Hollybush-place is a three-storied building, and the family in which the death from so-called "blood-poisoning" took place occupies the attic story. The whole building is in a wretched, ruinous condition, and the precincts in as foul a state as might be anticipated where sanitary precautions are at a minimum. In front of the house is an open space fifty-three feet in length and forty-five feet in breadth. Facing the house this space is closed by the walls of a low and extensive old cattle-shed, which communicates with the space by a small window. Alongside this wall are fixed three open privies, with a cesspool common to each. The surface of the space is unpaved, traversed by open gutters which run to an untrapped gully, and one portion is occupied by a dust-bin, butt, and water-pipe. To the left of the space is a low wall, and at a little distance a row of buildings; to the right is a small block of houses, forming part of the Place. In the rear of the house the ground is extensively open. The lower floor of the house is occupied by a family of six people. This floor is lit by windows opening to the front, and is divided into two unequal portions, the least being used as a passage to the upper part of the building. The cubic capacity of the lower floor is close upon 4000 feet. The first floor is occupied by a family of four people. It has capacious windows opening to the front and the back of the house, and a cubic capacity of upwards of 2000 feet. The second floor (where the child died) has also windows opening in front and rear; it has a cubic capacity of about 1638 feet, and was occupied at the time when the child was taken ill by a family of six persons—two adults and four children. Each occupied portion of a floor constitutes but a single room, which is used as day room, work-room, and sleeping room; and much of the space is taken up by beds.

The occupier of the upper floor complained bitterly of the stench which pervaded his room from time to time, coming from the cow-house, cesspool, and gutters; but the occupiers of the lower floors positively denied the nuisance. It was not very easy to conceive, however, notwithstanding the comparatively open situation of the house, how so serious a nuisance could be escaped. The cesspools and surface soil were of themselves sufficient to pollute permanently the atmosphere, and the cow-house was in a very foul state. This latter building is 185 feet in length, by about 45 in breadth. It is divided along the whole length, and shelters fifty cows and two horses, but no pigs, as was stated at the inquest. The families occupying No. 10 had a peculiarly wasted and wan aspect, common also to their neighbours, and which forcibly conveyed the impression of privation. The occupiers of the second floor must have been suffering more or less from actual privation.

To what extent the circumstances attending the death of the child at No. 10, Hollybush-place, called for an inquest and a special verdict, we are not yet in a position to judge. But it is certainly matter for grave surprise that at the inquest on the children who died at No. 19, Thorold's-square, the fact of scarlet fever being at that time or very recently prevalent in the square, and of three deaths having been certified as lately occurring from the disease at No. 19, should not have been stated. Surely some medical man should have been summoned before the jury whose familiarity with the health condition of the immediate population would have prevented so serious an omission in the evidence. The outbreak and malignancy of scarlet fever are not so closely linked with insanitary conditions that we may venture to dogmatize upon the relation of the one to the other. Backward as local authorities may be in carrying out needful sanitary improvements, it is not well to invoke the special aid of a coroner's jury to rouse them to a just sense of their duties, unless there be unimpeachable grounds for judicial interference.

The condition of Thorold's-square is, without doubt, simply infamous. The square is formed of twenty-two houses, exclusive of a small chapel and schools. The houses are built of brick, and have long been becoming ruinous. They are occupied by an impoverished population, consisting of fifty-six families numbering 236 souls. The court of the square is unpaved, and the centre is occupied by a pump, communicating with a tank holding about a hundred pailsful of water. This tank and two water-pipes supply the whole square. The tank is presumed to be filled daily with water by the East London Water Company; but the supply until recently has been scanty and insufficient, and the contents of the tank are liable to become offensive. In the rear of the houses there are small plots of ground, some very restricted in size, occupied by clusters of privies of the most wretched construction. Some of the privies are apparently connected with drains, and others require to be cleansed manually, the contents being carried through the houses. The condition of the ground behind the houses is inexpressibly foul, and there is scarcely any escape from the overpowering effluvia from the privies. Such drains as exist on the property are untrapped and offensive. The houses within are squalid in the extreme, and the fifty-six families are distributed through seventy rooms, and often with but scanty breathing space. Utter rooting out of superstructures and subsoil would alone remedy the evils of Thorold's-square, and, perhaps, also Hollybush-place. Yet much may be done to remedy their most glaring defects. Mr. Pearce has submitted to the local authorities suggestions for the improvement of both properties, which it is to be trusted will at once be carried into effect. In July, it may be noted, an inquest was held on a child who had died suddenly at No. 5, Thorold's-square, and whose death was certified to have arisen from "typhus."

The notoriety which has, by the recent inquests, once more been given to the sad condition of many parts of Bethnal Green will, perhaps, not be without some utility. This condition has been the growth of long neglect, ignorance, and a state of impoverishment which is pitiable to contemplate. Each of these fostering causes complicates and aggravates the other. But the responsibilities of the local authorities and of the owners of property are clear and unmistakable. If the former have done much to remedy the evil conditions referred

to, there is still much, nay more, for them to do. They do not lack either the power or the means to perform the responsible duties entrusted to them, and their subsequent action in the case of the localities which the recent inquests have made so notorious will we would fain hope prove that they possess the will also.

THE FITNESS OF APPLICANTS FOR HOSPITAL RELIEF.

THE medical officers of the Children's Hospital, Birmingham, request us to give publicity to the following memorandum. As the questions involved are of deep interest to the public and to the medical profession, it has been thought advisable to evoke discussion upon them, previous to the sitting of the managing committee, on the 13th of October. The chairman of that committee, the Rev. Dr. Miller, concurs with the desire of the medical officers that a free discussion of the document is desirable; and no doubt our readers will find in it much food for thought.

"MEMORANDUM.

"The Medical Committee have become aware of the frequent abuse of this charity on the part of parents bringing their children for advice and medicine, who were well able to pay the ordinary costs of these.

"They feel themselves bound by every social consideration to remedy this evil as far as possible, and, therefore, suggest to the Committee of Management the adoption of the following regulations:—

"They think it useful at the outset to define the principles which have guided them in their deliberations. They consider that the proper objects of the institution are:—

"1st. The relief of those children labouring under ordinary maladies, whose parents cannot afford to pay for advice and medicine, and who yet are not in receipt of parochial pay.

"2nd. The relief of those children labouring under very severe or very protracted maladies, whose parents have already taken every means in their power on behalf of their children, and who are able and willing to pay their regular attendants, but who become desirous to have the advantage of the opinion of an additional practitioner, and are unable to remunerate his services.

"*Regulations.*

"1. That the dispenser shall give out the notes daily, between the hours of three and five in the afternoon.

"2. That in the absence of the dispenser, the house-surgeon shall perform this duty.

"3. That previous to giving a note, the dispenser shall institute a series of inquiries as to the pecuniary means of the parents or friends of the child, to embrace the following points:—

"A. The total earnings of family.

"B. The number in family.

"C. The nature, so far as he can learn, and the duration of the illness.

"D. The reception or non-reception of parochial relief, at the time of application.

"E. The number of children for whom relief is desired.

"4. That in the event of the earnings of the family amounting to 21*s.* per week, the number of children not being more than three, the dispenser shall refuse a ticket, supposing the case is one of ordinary illness of recent origin.

"5. That he shall refuse a ticket to the parents of a child the united earnings of whose family amount to 36*s.* per week, the children being more than three, supposing the case is of the nature specified in No. 4.

"6. That he shall refuse a ticket to persons in the receipt of parish pay, supposing the case is of the nature specified in Regulation No. 4.

"7. That he shall refuse tickets to more than two of one family at the same time, unless the cases are of great urgency, or of contagious nature.

"8. That he shall refuse tickets, under all circumstances, to shopkeepers, beerhouse keepers, employers of labour, whether domestic servants or otherwise.

"9. That in the event of parents bringing a child for relief, suffering from a disease of unusual severity, or of protracted duration, or labouring under a condition requiring for its cure a delicate surgical operation, a note shall be given to such parents, providing they do not fall under Regulation No. 8, even if their weekly earnings should amount to a sum above the maximum mentioned in Regulations No. 4 and No. 5, or if they should be in receipt of parish pay. In such cases, the above facts to be endorsed upon the back of the notes, for the further consideration of the physician or surgeon under whose care the case should come.

"10. In the event of a case having been under the care of a qualified medical attendant, and of that attendant furnishing a certificate of fitness, a note to be given without further inquiry. A certificate from a clergyman or minister of religion to be similarly accepted. The Medical Committee reserve to themselves the right already accorded to them by the laws, and by the express resolutions of the Managing Committee, of admitting without delay, either as out patients or as in-patients, children labouring under disorders of great urgency, as croup, hæmorrhage, scarlatina, or malignant sloughing, &c. They propose, however, in the event of the parents of such cases being in no proper sense of the word 'necessitous,' that the administration should be entitled to charge them such a sum per diem as will just cover the expenses of the class of patients to which they belong. In the event of refusal to comply with this regulation, the medical officers propose to exercise their power to dismiss the patients.

"The Medical Committee are well aware that these regulations may have to be modified, as their experience in the adaptation of restrictions to improper applicants enlarges. But they believe that the principles embodied in the above regulations will be found of general and easy application. It is important it be thoroughly understood that the aim of the institution is the relief of *deserving objects only*. The Committee, therefore, earnestly invoke the aid of the medical men of the town in discovering attempts on the part of improper persons to obtain the benefits of this charity, and they pledge themselves to investigate fully such cases of imposition as may be brought under their notice.

"They request, in conclusion, that every publicity be given to these regulations, that applicants may be put to as little inconvenience as possible."

Correspondence.

"Audi alteram partem."

THE ARMY MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—THE LANCET of the 26th ult. contains a letter from "A Deputy Inspector-General," which has appeared to a great many medical officers to be very specious in its reasoning, and to have misrepresented the grievances, real or supposed, at present agitating the department.

It is very easy for a member of the Inspectorial rank—occupying a secure berth or hoping to obtain a better one—to look back with complacency upon his progress in the service; but would the "Deputy Inspector" give his sons (supposing him to have any) the expensive education now required of men entering the medical profession, and rest satisfied with the emoluments, position, and mode of life offered by the army medical department? If so, he is a great exception to his brethren. In the absence of abler criticism I would desire to place before the public the following out of the many facts which could be urged in reply.

The "Deputy Inspector" commences by stating that "many imaginary grievances are set forth to frighten the aspiring medical youth from entering the department." Will he be kind enough to state any one of these so purely imaginary as to have had no foundation in fact?

1st. It is undeniable that by the warrant of 1858 certain rights were guaranteed which were afterwards cancelled, and it is equally clear that it was the pressure from without which forced their partial restoration in the warrant issued some months ago. Now, with every individual who entered the medical service under the terms of the warrant of 1858, faith was broken when a single one of those terms was abrogated.

The discontent thereby produced, which never needed to

have arisen if the terms of this warrant had been held intact, was so great and spread so rapidly that it soon exceeded the power of the authorities to allay it? Is it true or not that the medical officers serving in India have never fairly received the benefit of that or any other warrant?

As to "military command," I am not aware that any medical officer desires it; but surely a surgeon has, and must have, some kind of command—within the walls of his hospital for example. It would seem that there are many boards upon subjects for which a medical officer is peculiarly fitted to assume some authority, otherwise his "special education" is a ridiculous and useless assumption. On matters affecting the sanitary condition of barracks or troops, medical officers may cover quires of foolscap, with the usual official margin, without the least avail, simply because they are without any authority. Let the "Deputy Inspector" read Miss Nightingale's late work on India, or let him turn to any one of the medical blue-books or records for illustrations of the truth of this statement.

Does the "Deputy Inspector" mean to say that the presiding at a board upon the selection of a site for barracks, or upon the quality, quantity, and nature of food or clothing, &c., would "entail upon a medical officer the absolute necessity of educating himself as a military officer, in studying the articles of war, Queen's regulations, &c., as much as purely medical publications"? Does he mean to assert that all his time and study are devoted to his profession and that alone? If he does, then the Deputy Inspector's experience is entirely at variance with all that I can see or hear. The fact is notorious that the service presents few attractions for the ablest and best qualified members of our profession, because the authorities expect at the hands of medical men so many other duties than professional ones; and I will hazard the statement that every deputy-inspector transacts an amount of official labour altogether disproportionate to the amount of medical work performed by him. What could be better for the interests of the service than that an old and experienced medical officer should preside at boards on questions involving hygiene and the physical well-being of the soldier? If the "Deputy Inspector" has been so fortunate as to get his suggestions promptly carried out by his commanding officers, then his experience is certainly unique, and his official path has been "the way of pleasantness and peace" no less than the road to promotion.

2nd. "Forage is not a *rank* allowance, but is governed by the *duty* the officer has to perform." Truly! but it cannot be meant that this comprehends the whole truth, or that the spirit of this rule is really acted upon. Is the number of horses allowed to the Commander-in-Chief to be regarded as necessary to enable him to perform his duties, or as an appanage of his rank? It is well known that "allowances" are looked upon as much in the light of accessories of certain ranks as necessaries for the performance of the duties entailed upon those ranks.

3rd. Leave. On this subject I would remark, that when the "Deputy Inspector" says "any medical officer appears to be able to get at least two months' leave a year, and if he is sick a very much longer period," he must be aware that such is only apparent and not the fact. From a group of six or eight men listening to the reading of his letter, the unanimous verdict was—"that is not true." I know of cases, and the "Deputy Inspector" must know of cases, of singular hardship in this very matter; and every officer knows well enough that two months' leave per annum for medical officers is a myth and a delusion. A man returning from abroad, broken in health, very soon gets placed on half pay, and if he ever returns to the department he finds himself "nowhere" in the list for promotion.

4th. Regimental surgeons in India are not allowed to exchange. It is all very well to say that this has been done with the view of benefiting the staff-surgeons serving there. One effect it certainly has—viz., that of putting a larger amount of power and patronage within the limits of Whitehall-yard. Why a combatant officer should claim, as a right, that which a medical officer is denied as a privilege, I cannot perceive. As to the remarks about medical officers being called upon to pay the expenses of recruits, these do not express the whole truth, or anything like it. Payment is *not* enforced only in palpable cases; and a regimental surgeon as well as a medical board have rejected men as unfit because they have considered themselves obliged to adhere to the exact terms of the medical regulations, although it has often happened that, in fact, they did not consider the recruits as perfectly fit in their own judgment. So far from the public being protected by this, it has the very opposite effect. Recruiting sergeants, instead of bringing their men before military surgeons, convey them to places where they have to be inspected and passed by a civil surgeon from the absence of a military one, thus entailing upon the public much expense. The "Deputy Inspector" is silent upon the matter of "jelly" and "extras," although the expressions of discontent by army medical officers at having had to pay for such must have reached his ears.

On the question of Dr. Becker's promotion the facts are not quite frankly stated. Dr. Becker was not an acting assistant-surgeon in China; he was there on a special mission, and paid accordingly; he was a foreigner, and actually not legally qualified at the date upon which he commences to count his services. Of his talents and attainments as a pathologist I have no doubt; of his qualities as a practitioner I may be allowed to hold my own opinion.

The "Deputy Inspector" is silent on the question of the derogatory duties required of a medical officer—viz., in the present mode of branding men. He gives no instance in which the Horse Guards' authorities have settled a difference between the military and medical ranks in favour of the latter; he ignores all "confidential reports;" the wearisome and monotonous duties of rifle practice; he says no word of the immense mortality among the junior members of the medical department; he gives no instance of that promotion by selection for distinguished services, which he boasts as a set-off against the probability of twenty years' continuance in the subordinate position of assistant-surgeon!

Abstractedly considered, I care not a straw for the outward semblances of respect, nor for the question of relative rank, only as these happen to affect my position and my pocket. The authorities have chosen to define everything I hold, and everything I shall, can, or may hold, by their own rules, and I ask at their hands good faith and a just and honourable construction of their own guarantees. I have not the least desire to "command" anywhere out of my own hospital, least of all at military mess; but it does not appear to me logical that I should have to pay mess and band subscriptions at the rate of a field officer, and fail to enjoy that position and authority which may fall to any subaltern, if he chance to be the senior combatant officer at the table.

Two hundred pounds per annum sounds well, but when it is considered that it is to remain at that rate for so many years, that the expenses of a regiment are very large, that military life is destructive of comfort, and a bar to that social life which most Englishmen long for, as well as inimical to habits of study and contemplation, medical men find as they grow older, that civil life, if less certain, is fraught with more happiness and quite equal chances of success.

In conclusion I beg to say that, although there is so little in the "Deputy Inspector's" letter to meet the concurrence of medical officers, there is, however, one part, in which I (and I think every medical officer in the service) cordially agree with him—namely, in his remark on an "earlier retirement."

I am, Sir, yours obediently,

A SURGEON OF EXPERIENCE ALTHOUGH NOT A "DEPUTY INSPECTOR."

October, 1863.

To the Editor of THE LANCET.

SIR,—Referring to the letter in your number of the 26th ult., signed "A Deputy Inspector General," will you kindly permit me to ask the following questions, which I trust your correspondent can answer satisfactorily.

How is it that, if everything in the medical service is *couleur de rose*, as he represents it to be, there is such utter discontent existing at present in the whole department?

How is it that the best men we have leave as soon as they possibly can? A case in point, that of Inspector-General Taylor, C.B., one of the best men in the service or that ever bore H.M.'s commission.

How many assistant-surgeons have resigned in the last two years?

How many vacancies are there now in the service, and the number of candidates to fill them?

How is it that the London hospital surgeons, and the professors at all the universities in the United Kingdom, do everything they can to prevent respectable students from entering the army, if it is such a good thing as the "Deputy Inspector" makes it out to be.

Perhaps he will also inform us of Mr. Paget's opinion, as to the class of men that have offered themselves for the last four examinations.

One more and I have done. Is not the Commander-in-Chief dead against the medical department, and does he not do all he can to snub the profession?

If something is not done to remedy this state of things, the medical officers of the army will soon be composed of apothecaries' shop boys and the refuse of the Irish schools.

I remain, Sir, your obedient servant,

October, 1863. A SURGEON.

OPERATIONS FOR STRANGULATED HERNIA IN VERY AGED PATIENTS.

To the Editor of THE LANCET.

SIR,—Having read in your journal of the 5th ultimo that Mr. Henry Smith, of King's College Hospital, has operated on a patient aged eighty-three, and that Mr. Partridge operated on another aged eighty, I forward the following case, to show that the operation can be performed with success on patients close on ninety. Mr. Smith states—"I believe that cases have been recorded where patients older than eighty-three have lived after the operation, but I cannot recollect any such."

On the 5th of July last I was called to see Sarah M——, residing in this town, as she was suffering severely from pain in the left groin, and vomiting occasionally. I attended her previously, and knew she had a hernia for nine years. I found the hernia about the size of a large hen's egg, extremely hard and painful to the touch. I attempted to reduce it carefully, but could not produce the slightest effect. I recommended fomentations, and gave some medicine. I saw her again in the evening, and there was no improvement. Called again next morning, and found the symptoms of the worst aspect: stercoraceous vomiting, chills, pulse very quick and weak, and she said she knew she was dying. I made another attempt at reducing the hernia, and adopted various means, but to no avail. The symptoms being so urgent, I called upon my friend, Mr. G. Wales, to assist me. He instantly applied the taxis, but without any effect. We then agreed to send for his father, whose judgment and extensive experience are always of the greatest value. He manipulated with it for some time, and failed likewise. Consequently, the only alternative we had was to operate immediately. We could not venture to administer chloroform, from her exhausted condition. After drinking a little brandy-and-water she was taken to the end of the bed, when I made a pretty free incision about two and a half inches long. After dissecting the different layers of muscles carefully, I arrived at the hernial sac. That was opened, and one intestine, twisted upon itself, livid, but not devoid of its organic vitality. Instead of employing a grooved director I used the little finger of my left hand, and after a good deal of trouble, got it introduced between the intestine and abdominal ring. The fascia was stretched as hard and as tight as possible. I slipped the knife down to it, with its back to my finger, and got it divided at once. The intestine was easily returned afterwards. She recovered from the operation without a single bad symptom, and now she is able to walk about the house, with no appearance of hernia. She never wore a truss, and is now in her eighty-ninth year.

I remain, Sir, yours obediently,

N. J. MACKINTOSH, M.D.

Downham Market, Norfolk, Oct. 1863.

To the Editor of THE LANCET.

SIR,—In THE LANCET of the 5th ult. I see Mr. Henry Smith gives a case of operation for strangulated hernia on a female eighty-three years of age. I beg to give a case where I operated on an old lady eighty-two years of age, with an excellent recovery.

Ann B——, aged eighty-two, sent for me three miles to see her. I found she had strangulated inguinal hernia, which had existed for three days. She had never worn a truss. Stercoraceous vomiting, much pain on pressure, and anxiety. This was on the 1st of December, 1855. At seven in the evening, by candle-light in a cottage, I operated. The sac was not opened. The bowels acted on the 12th naturally, and she recovered without a bad symptom. She died of old age on the 24th of June, 1863. I give you merely a rough outline of the case, as Mr. Smith remarks he had never before operated or seen an operation on a patient over seventy years of age.

I am, Sir, yours obediently,

T. M. KENDALL, F.R.C.S.,

Senior Surgeon, West Norfolk and Lynn Hospital.

King's Lynn, Norfolk, Oct. 1863.

MUNIFICENT LEGACY.—The late F. Hinde, Esq., solicitor, of Liverpool, has left £1000, free of duty, to the Liverpool Royal Infirmary.

PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR SPECIAL CORRESPONDENT.)

THE following letter, contained in *La France* of last night, merits translation, not only from the fact that the aspersions referred to have had a wide circulation, but also from the excellent professional sense with which it protests against the needlessly extensive publicity recently given by certain medical men to their doings. The letter runs thus:—

"*To the Editor of 'La France.'*

"Sir,—One of your colleagues has published in the 'feuilleton' of the *Indépendance Belge* an article in which the Court of Rome, as well as myself, are very sharply taken to task. Had the correspondent of the *Indépendance* merely expressed an opinion, favourable or otherwise, on my personal merits, I should scarcely have taken the trouble of replying. But I am represented as having been clandestinely introduced, as a sort of miracle-monger, into the Vatican, and secretly preparing liniments for the cure of erysipelas. I am further stated to have indulged, in the presence of the Pope, in remarks offensive to the Cardinals; and, finally, to have been promptly dismissed after the recovery of his Holiness. Nothing of all this is true. The Pope is in the habit of acting openly *per urbem et orbem*, and did not by any means think it necessary to use concealment in requesting my advice. I did not attend alone or in secret on his Holiness; and if a cure was effected, a fair proportion of credit is due to my excellent *confrère*, Dr. Viale, the Holy Father's habitual medical adviser, who always joined me in consultation. The gates of the Vatican were not closed against me: to the last day of my residence in Rome I was received in the kindest manner, not only by my illustrious patient, but also by his Ministers; and on the eve of my departure I was honoured with the most flattering testimonial of his gratitude. After so gratifying a reception I should have given but a poor idea of my good feeling had I presumed, in the presence of Pius IX., to use language disrespectful to the Cardinals; such language would assuredly have been heard, and most properly rebuked. I must apologize for the length of this letter, but several physicians having given rather extensive publicity to their professional doings, I might otherwise be suspected of having some share in the publication of the objectionable 'feuilleton' of the *Indépendance*, the facts of which are incorrect, and the spirit quite incompatible with my profound veneration for the Holy Father.—Receive, &c.,

"ALPH. GUÉRIN,

"Paris, October 3rd." "Surgeon of the Hôpital St. Louis.

As I happened at the time, now some months ago, to be acquainted with the circumstances of the case, and to know from private sources that Dr. Alphonse Guérin did so relieve the Pope of an affection—varicose veins in the leg—hitherto treated unsuccessfully by his Italian physicians, as to enable his Holiness again to walk without pain, I applied to Dr. Guérin, on his return from Rome in the summer, for permission to mention the fact in your columns. To this request I received the following answer: "I had rather you did nothing of the kind; I have a horror of anything like an advertisement." Your readers therefore, till now, have never known why, after so many of the faithful had been for months in deep anxiety regarding the Pope's health, it was suddenly reported that he had completely recovered, and was able to resume his fatiguing duties. To Dr. Guérin's letter in *La France* are appended these few words by one of the sub-editors, M. Henri de Pêne: "Doctor, I well know how intensely you—who write so well, and cure patients, great and small, sacred and profane—hate advertisement; but let me call to mind, before I affix my signature to yours, a circumstance already nearly forgotten—namely, that I owe you my life." M. de Pêne, about six or seven years ago, when editor of the *Figaro*, wrote an article which offended some of the officers of a particular regiment. In a duel which resulted, he received a sword-thrust in the abdomen, and for many days his life was despaired of. He, however, has recovered perfectly, and, unlike many patients, has not forgotten his doctor.

The recent and interesting account by Dr. William Budd, of Clifton, of malignant pustule as it occurs in England, refers to the researches of M. Bourgeois, of Etampes, on the subject. M. Bourgeois now directs public attention to the necessity of a definite nomenclatural distinction between the different kinds

of carbuncle (anthrax) and malignant pustule. The classification proposed is thus expressed in the *Gazette des Hôpitaux*:—

Agminated Furuncular Tumours:

Anthrax { Benign / Malignant

Simple Furuncular Tumours:

Furuncle { Benign / Malignant

Malignant Pustule or Charbon.

The retaining of the term "pustule" for the purpose of designating what is *not*, after all, a pustule, seems to be of rather questionable utility. In speaking of the difference between the symptoms of anthrax and charbon, M. Bourgeois says: "The latter is much more rapid in its progress than the former. In anthrax, the mortification, which is of two kinds, proceeds from within outwards; the adipose cellular tissue is first deprived of vitality, and escapes in the shape of a soft, grey, pultaceous mass, full of pus; the sphacelus then reaches the integuments and parts covering the tumour, which are converted into a black, soft and fetid slough. In charbon, the sloughing, always more or less dry at the outset, proceeds from without inwards, and frequently does not penetrate the entire substance of the derma. The gangrenous spot is rounded, free from odour, and depressed centrally, whilst the circumference is studded with a row of vesicles filled with a yellowish or brownish serum, never found in cases of anthrax. In the latter, the swelling is everywhere firm, and tinged down to its base with the characteristic red colour; in charbon, the tumefaction, hard as scirrhus in its centre, becomes softer and softer towards the circumference, which is ill-defined, and in the case of simple œdema, and excepting during the period of reaction, the general colour of the integuments is little changed. Another most important point of dissimilarity between the two affections is that anthrax is very painful; whereas a patient attacked by charbon hardly complains of suffering at all; possibly a little burning and itching, together with stiffness and inconvenience proportionate to the extent of swelling, are experienced, but nothing further." During the past summer cases of charbon in Paris and the departments have been unusually common. I witnessed myself one case which terminated fatally, and two others in which early cauterization averted serious consequences. In the case which resulted in death, the patient (a cook) complained, on her return from market one morning, of violent itching in a small pimple on the lower lip, which had existed for some days. In spite of vigorous treatment, free use of the bistoury, and abundance of wine, brandy, ammonia, chloric ether, beef-tea, &c., the patient sank in three days. Decomposition was very rapid.

A brilliant success in the way of operative surgery has lately been achieved by M. Maisonneuve at the Hôtel Dieu. A patient presented himself in July with symptoms of exophthalmia, which he stated had commenced a year previously, and had been progressing steadily. The ocular protrusion advanced until the organ was completely ejected from its socket, and vision lost. M. Maisonneuve, convinced that the cause of the deformity was an exostosis springing from the inner wall of the orbit, by means of a V-shaped incision, the point of which lay upwards and on the middle line, entered the orbit, and, pushing aside the soft parts, reached the bony mass. This with some difficulty was removed by means of powerful forceps, and the protruded organ replaced into its natural cavity. The tumour, which sprang from the ethmoid bone, proved to be as dense and hard as ivory, ovoid in form, and three ounces in weight. The patient recovered without a bad symptom, and, strange to say, eyesight and the power of moving the globe have completely returned. "But for the slight scar on the forehead," says M. Maisonneuve in his report to the Academy of Sciences, "no one would suspect what has occurred."

Paris, October 6th, 1863.

THE HARLOW CAR WATERS, NEAR HARROGATE.—These waters have recently been much resorted to for cutaneous and other affections, and suitable buildings and an hotel have been erected for the convenience of visitors. The waters of Harlow Car were analyzed by the late W. West, F.R.S., of Leeds; but doubts having arisen as to his results, samples have been submitted to Dr. Sheridan Muspratt, of Liverpool, for examination and report. Dr. Muspratt analyzed the waters of Scarboro' last year, nullifying by his results the pre-existing conclusions of an eminent authority. It is important for the purposes of medical advisers that the composition of mineral waters should be accurately and correctly stated.

Medical News.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 1st inst.:—

Gooding, Ralph, Ipswich, Suffolk.
Harmer, William Milsted, Hawkhurst, Kent.
Lightbourne, James Ashburner, Preston.
Meadows, George Frederick Walford, Otley, Ipswich.
Miles, George, Gillingham, Dorset.
Parks, Charles Holman, St. Columb, Cornwall.
Skelton, John, 105, Great Russell-street, Bloomsbury.
Towne, Alexander, 10, Kingsland crescent.

The following gentleman also on the same day passed his first examination:—

Covey, Charles Edward, St. Bartholomew's Hospital.

UNIVERSITY OF DURHAM.—The following candidates have passed the Medical Registration Examination:—

Aitchison, Andrew.	Kipling, William.
Aston, John Pitney.	Middleton, W. H.
Baines, Albert H.	Newton, R. C.
Chorley, Wilmer.	Ostlere, Robert.
Crosthwaite, H. A.	Parkinson, J. S.
Davison, W. S.	Phillips, E. A.
Deane, R. E.	Ryder, Peter.
Dodds, W.	Taylor, John.
Easby, W.	Turner, G. E. W.
Gurnell, J. H.	Wilkinson, Robert.
Hall, James A.	Wood, C. W.
Higgs, F. S.	Worthington, W.

Sept. 28th, 1863. F. F. WARREN, J. DIXON HEPPLE, } Examiners.

TEST FOR SULPHUR.—A solution of molybdate of ammonia in diluted hydrochloric acid, is stated by M. Schloesberger to be a most delicate test for the presence of sulphur.

HILL SANITARIUM IN INDIA.—The Government of India have sanctioned the outlay of 41,000 rupees towards rendering the Hill Sanitarium at Mount Aboo ready for the occupation of invalids from the European army in India.

DR. MAGGIORA, who was recently expelled from Rome, where he was professor in the University and physician to the French embassy, has been appointed professor in the University of Palermo.

THE CHANNEL FLEET.—The medical officers of the Channel fleet were entertained at dinner, on the 29th ult., by Dr. Corrigan, the president of the Royal College of Physicians, Dublin.

SCARLET FEVER AT EASTBOURNE.—An epidemic of scarlet fever of very fatal character is at present prevalent at Eastbourne, one of the healthiest, so far as regards the rate of mortality, of our watering places.

WEST LONDON HOSPITAL.—This year the funds of the hospital have been again handsomely augmented by the donation of £122, the proceeds of the Foresters Fête lately held. This fund has been presented to the hospital annually for some years past, and sometimes amounts to a considerable sum.

THE ACTION OF CARBOLIC OR PHENIC ACID ON VIRUS.—M. Lemaire states that if vaccine matter be used mixed with carbolic acid no vesicles are formed. He also asserts that the acid possesses an influence on the virus of glanders, as well as on the poison of the sting of a bee or wasp.

THE DEATHS IN LONDON DURING THE LAST QUARTER, ending 26th of September, were 17,105; of that number 9821 persons were under twenty years of age, and 449 eighty years and upwards. Small-pox was fatal in 512 cases; scarlatina in 1519; and diarrhœa in 1938.

MORTALITY IN WHITEHAVEN.—The return of the registrar of deaths for Whitehaven, which has been made by special direction of the Registrar-General, shows that there have been 112 deaths during the last quarter. The average mortality for the last five years is 67, showing an excess of 45 for the last three months.

THE LATE ALDERMAN MORDEY, F.R.C.S., OF BISHOPWEARMOUTH.—We regret to notice the death of Alderman William Mordey, of Bishopwearmouth. He had suffered severely for many years from gout, which was hereditary, and this, together with a compound fracture of the leg which happened several years ago, impaired his once vigorous constitution and contributed to his comparatively early death. He was seized with paralysis on Tuesday, the 15th ult., and, notwithstanding the attentions of several practitioners, died on the

following day, at the age of sixty-one years. Mr. Mordey was the son of Mr. Thomas Mordey, fitter and shipowner. He was educated at a private school, and having chosen medicine for his profession, he studied at St. Thomas's and Guy's, and finally settled at Sunderland in 1826. Professionally Mr. Mordey held a high reputation, and at an early period of his career his name was brought prominently into notice in connexion with the cholera visitation in Sunderland in 1831-2. For these services he had the honour of being offered the appointment of surgeon extraordinary to his late Majesty King William the Fourth, an offer which, as it would have caused his removal to the metropolis, he declined. In 1848-9 he was equally distinguished during the second visitation of cholera as in the former. His public services to the town were most valuable. He fulfilled for twenty-five years the office of surgeon to the infirmary; he distinguished himself in the promotion of the sanitary welfare of the town; he was one of the warmest promoters of the People's Park; and as a magistrate and alderman he enjoyed the approbation of all. In private life, Mr. Mordey had a large circle of friends, for his thoroughly disinterested attention to his patients secured him the friendship of all; hence his memory will long be held by them in affectionate remembrance.

ROYAL FREE HOSPITAL.—Dr. Henry Bennet has resigned the office of Physician-Accoucheur to the Royal Free Hospital. His resignation was received and accepted at the meeting of the Hospital Board on the 1st of October, and the secretary was requested to convey to Dr. Bennet the compliments of the board, and their sincere wishes for the complete recovery of his health.

COST OF SICKNESS IN THE INDIAN ARMY.—It is estimated that the expense by the avoidable excess of mortality in the army in India is £380,000 per annum; but as matters are at present, every soldier in India costs us £100 a year, and of those for whom we pay so large a sum there are always on an average 5880 sick. A striking commentary on the negligence and shortcomings of the authorities.

CHALMERS'S HOSPITAL, EDINBURGH.—About thirty years since Mr. Chalmers, a munificent plumber in Edinburgh, left a fortune of about £30,000 for the purpose of erecting an hospital. This has been allowed to accumulate until it has now reached the sum of £70,000, sufficient to build and endow the hospital. It has been built on the site of Lauriston House, and is calculated to hold forty-eight beds.

NEWCASTLE COLLEGE OF MEDICINE.—Mr. F. W. Newcombe has obtained the University Medical Scholarship, tenable for four years; Mr. Hubert Ridley a prize for Medical Jurisprudence; Mr. George Cuthbert Gilchrist a prize for Practical Chemistry; and Mr. Thomas Joseph Fawcitt a Certificate of Merit for Chemistry.

DROUGHT IN THE WEST INDIES.—A drought of more than twelve months' duration in the West Indies has caused much suffering and disease to the inhabitants; no rain having fallen in Guadaloupe and other islands of the Antilles since August 16th, 1862. The mortality among the white population has been very great.

CINCHONA BARK FROM INDIA.—At a late meeting of the Linnæan Society Mr. Howard exhibited specimens of cinchona bark sent from India. By analysis this bark has been ascertained to contain a per-centage of quinine and the other febrifuge alkaloids fully equal to bark of the same species grown in South America. This is of great importance, as the gradual but certain destruction of the cinchona forests of America has been of late a subject of much anxiety.

POISONOUS FLIES.—The prefect of the department of the Eure has addressed a circular to the mayors in his department, in consequence of the number of deaths occurring from the bite of poisonous flies. It is thought that the poison is derived from the flies settling on the carcases of animals which have died of carbuncle or some virulent disease. The exposure of the dead bodies of cattle is punished with severity.

DEATHS FROM DEADLY NIGHTSHADE.—Five children in the neighbourhood of Wolverhampton, a day or two since, ate a quantity of the berries of the deadly nightshade. They were first seized with an unusual desire for sleep, followed by hysterical agitation. Remedies were administered, and it is to be hoped that four will recover. The fifth, however, died in a state of stupor twenty-four hours after swallowing the poison.

THE POLYTECHNIC INSTITUTION continues to present a great variety of most interesting and instructive amusements. A new lecture, by Mr. J. L. King, entitled "Pneumatic Wonders," with illustrations of the Pneumatic Parcels Dispatch, is another instance of the success of Professor Pepper in popularizing science. The variety of necromantic illusions, no longer mysteries, might form the text of a volume on "Magic made Easy." But the "Ghost" is the attraction of the place, and in no other exhibition have we seen the several apparitions represented more like truth than by Mr. Dirks's excellent apparatus. Mr. Pepper has catered equally well for the information of the curious and the gratification of the pleasure-seekers, with a due regard for the progress of science.

VELOCITY OF NERVOUS FORCE.—The "Veterinarian" states that by the aid of a chronoscope M. Hirsch has come to the conclusion that nerves transmit their impressions at the rate of thirty-four metres a second. M. Heinholtz estimates the velocity at 190 feet per second, but his experiments were performed on the motor nerves of a frog, and those of M. Hirsch on the sensitive nerves of a man.

THE ART AND HEALTH CONGRESS AT GHENT.—A congress has recently been held at Ghent for the promotion of art and the extension of sanitary information. This has excited the displeasure of the ecclesiastical authorities, and they have ordered a solemn mass to be performed as "an act of reparation for the blasphemy and impiety" uttered at its sittings. Fortunately, in the present enlightened condition of the inhabitants of Belgium this priestly intolerance will no doubt be treated with the contempt it deserves.

MEDICAL VACANCIES.

Huddersfield Infirmary—House Surgeon, vice Mr. Oxley, resigned.
Metropolitan Dispensary and Charitable Fund—Physician, vice Dr. Leachman, resigned.
West London Hospital—Surgeon.

MEDICAL APPOINTMENTS.

W. D. ADAMS, M.D., has been appointed a Public Vaccinator by the Edinburgh City Parochial Board.
T. H. BARKER, M.D., has been appointed Senior Surgeon to the Bedford General Dispensary and Lying-in Institution.
W. A. BRACEY, M.R.C.S.E., has been elected House-Surgeon to the Birmingham and Midland Eye Hospital, vice T. A. Bowen, M.R.C.S.E., resigned.
J. CAPPIE, M.D., has been appointed a Public Vaccinator by the Edinburgh City Parochial Board.
J. CONSTABLE, M.D., the Parochial Medical Officer, has been appointed Public Vaccinator for the Parish of Leuchars, Fifeshire.
R. COWAN, M.D., has been elected Secretary of the Glasgow Faculty of Medicine for 1863-64.
A. DUNCAN, M.D., has been appointed a Public Vaccinator by the Parochial Board of Dundee.
D. DYCE, M.D., has been appointed Resident Physician to the Clinical Wards of the Royal Infirmary, Edinburgh.
G. P. GOLDSMITH, M.R.C.S.E., has been appointed Surgeon to the Bedford General Dispensary and Lying-in Institution.
R. D. HAGON, M.R.C.S., has been appointed Surgeon to the Bedford General Dispensary and Lying-in Institution.
J. HOLDEN, M.R.C.S.E., has been appointed House-Surgeon to the Ardwick and Ancoats Dispensary, Manchester, vice A. Pennington, M.R.C.S.E., whose term of office has expired.
G. H. HOPKINS, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the Stone District and the Workhouse of the Stone Union, Staffordshire, vice J. Fallows, M.R.C.S.E., deceased.
W. J. KITE, M.R.C.S.E., has been re-elected Medical Officer for the South-East District of the Parish of West Bromwich, Staffordshire.
R. LANGLANDS, L.R.C.S.Ed., has been appointed a Public Vaccinator by the Parochial Board of Tealing, Forfarshire, and by the Parochial Board of Mains and Strathmartine.
J. M'CARRON, L.F.P. & S. Glas., has been elected President of the Glasgow Faculty of Medicine for 1863-64.
J. M'DOUGALL, L.F.P. & S. Glas., has been appointed a Public Vaccinator by the Parochial Board of Old Kilpatrick, Dumbartonshire.
J. M'INNES, L.F.P. & S. Glas., has been elected Treasurer of the Glasgow Faculty of Medicine for 1863-64.
J. W. R. MACKIE, M.D., has been elected Public Vaccinator for the Parishes of Cupar, Cults, Logie, Dairsie, and Kemback, Fifeshire.
A. J. MOORE, M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Caversham District of the Henley Union, Oxfordshire, vice W. B. Young, M.R.C.S.E., resigned.
F. J. PADFIELD, M.B., has been appointed Junior House-Surgeon to the Liverpool Northern Hospital, vice N. Heelas, M.R.C.S.E., resigned.
C. E. PRIOR, M.D., has been appointed Senior Surgeon to the Bedford General Dispensary and Lying-in Institution.
W. F. PURLAND, L.S.A., has been re-appointed Medical Officer and Public Vaccinator for the East Woolwich District of the Greenwich Union, Kent.
R. RAWSON, M.D., has been appointed Surgeon to the Cambridge Borough Police, vice C. Newby, M.R.C.S.E., deceased.
W. RAYNER, M.R.C.S.E., has been elected Assistant Resident Medical Officer to the Leeds Public Dispensary, vice J. J. Corrie, M.R.C.S.E., elected House-Surgeon to the Leeds Fever Hospital and House of Recovery.
J. P. RICHARDS, M.R.C.S.E., has been appointed Assistant House-Surgeon to the Stockport Infirmary, vice W. Barker, resigned.
C. ROBINSON, M.R.C.S., has been appointed Senior Surgeon to the Bedford General Dispensary and Lying-in Institution.
G. ROBINSON, M.R.C.S., has been appointed Surgeon to the Bedford General Dispensary and Lying-in Institution.
J. H. SIMPSON, L.S.A., has been re-appointed Medical Officer for the Marksbury District of the Keynsham Union.

T. A. STEPHENSON, M.R.C.S.E., has been appointed Surgeon to the Radford Union, Nottingham, vice C. C. Bramwell, M.D., resigned.

J. M. STOCK, L.R.C.S.I., has been appointed Medical Officer and Public Vaccinator for the Gurteen Dispensary District of the Boyle Union, Co. Sligo, vice S. M'Munn, L.R.C.S.I., resigned, on being appointed to the Ballysumite Dispensary District of the Sligo Union.

W. TEELE, M.D., has been appointed a Public Vaccinator by the Parochial Board of Dunfermline (except for the Districts of Limekilns and Charlestown).

H. B. TRIMMER, M.D., has been elected Medical Officer and Public Vaccinator for the Gamlingay District of the Caxton and Arrington Union, Cambridgeshire, vice H. Belcher, M.D., resigned.

A. WEAVING, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for District No. 5 of the Abingdon Union, Berks, vice F. W. Clarke, M.R.C.S.E., resigned.

T. WETHERHEAD, F.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Prees District of the Wem Union, Salop, vice T. H. Arthur, L.S.A., deceased.

W. YOUNG, M.D., has been elected Vice-President of the Glasgow Faculty of Medicine for 1863-64.

MILITARY AND NAVAL MEDICAL APPOINTMENTS.

W. H. ADAMS, M.R.C.S.E., Surg. R.N. Sept. 27th, 1861, has been appointed to the "Britannia" (additional).

E. M'GRATH, Assist.-Surg. 94th Foot, has been appointed Staff Assist.-Surg., vice Langstaff, deceased.

W. M'MAHON, M.D., Acting Assist.-Surg. R.N., has been appointed to the "Earyalus" (additional).

G. W. M'NALTY, L.R.C.S.I., has been appointed Staff Assist.-Surg. Artry.

G. T. MANN, Surg.-Major 30th Bengal Native Infantry, has been directed to afford medical aid to the Division and Brigade Staff, &c., Benares, during the absence of Assist.-Surg. T. W. Sheppard, Royal Horse Artillery.

H. A. MARTIN, M.D., has been appointed Staff Assist.-Surg. Army.

W. T. MARSH has been appointed Staff Assist.-Surg. Army.

Staff Surg.-Major MENZIES has been directed to assume medical charge of the Lower Orphan School Hospital, Kidderpore, Bengal, vice Dempster, appointed to the 35th Foot.

C. M. M. MILLER, M.D., Staff Surgeon Army, on half-pay, has been appointed Staff Surg., vice Fox, M.B., appointed to the Royal Engineers.

J. MILLER, Surg.-Major Bombay Service, Staff Surgeon at Mhow, and Senior Medical Officer in that Division of the Bombay Army, has been appointed to officiate as Deputy Inspector-General of Hospitals, Mhow Division, until the arrival of Surg.-Major Glasse, or until further orders.

W. NASH, M.D., has been appointed Staff Assist.-Surgeon Army.

W. J. PAGE, L.R.C.P.Ed., has been appointed Staff Assist.-Surgeon Army.

F. J. PETTINGAL, M.R.C.S.E., Assist.-Surg. 9th Bengal Native Infantry, has been directed to assume medical charge of the Staff and Detachment of the 8th Bengal Cavalry, in addition to his other duties.

W. W. QUINTON, M.B., has been appointed Staff Assist.-Surgeon Army.

J. B. C. READE, L.R.C.S.Ed., Assist.-Surg. 2nd Batt. Rifle Brigade, Delhi, has been appointed to the medical charge of the Garrison Staff, in addition to his other duties, vice Assist.-Surg. Moir, Royal Artillery, proceeding to join another appointment.

F. RAIN, M.D., Surg.-Major 5th Foot, has been appointed Staff Surg.-Major, vice Bell, who has exchanged.

C. G. ROSS, Assist.-Surg. 2nd Bombay Native Infantry, has been appointed to act as Civil Surgeon, Belgaum.

J. D. SAINSBY, M.R.C.S.E., Staff Assist.-Surgeon Army, has been appointed Assist.-Surg. 94th Foot, vice M'Grath, appointed to the Staff.

R. G. SHGRAVE, L.R.C.S.I., has been appointed Staff Assist.-Surgeon Army.

T. W. SHEPPARD, Assist.-Surg. B Battery 2nd Royal Horse Brigade, Bengal, has been directed to take medical charge of the Garrison at Chunar from Assist.-Surg. J. Mundy.

E. M. SINCLAIR, M.D., Assist.-Surg. 97th Foot, Bengal, has been directed to assume medical charge of a Detachment of the 7th Native Infantry, in addition to his other duties, vice Assist.-Surg. N. J. Grant.

E. C. TODD, M.R.C.S.E., Staff Surgeon Army, has been appointed Surg. to the 60th Foot, vice Crerar, who has exchanged.

J. H. TOTHILL, M.R.C.S.E., Staff Assist.-Surgeon Army, has been appointed Assist.-Surg. to the 17th Foot, vice Gibaut, promoted on the Staff.

E. VENNING, M.R.C.S.E., has been appointed Assist.-Surg. 1st Life Guards, vice O. W. George, M.D., promoted.

Births, Marriages, and Deaths.

BIRTHS.

On the 21st ult., at the Forttown, Castlederg, Co. Tyrone, the wife of Samuel Leary, L.K.Q.C.P.I., of a daughter.

On the 1st inst., at Park House, Boyton, near Oldham, the wife of W. H. F. Ramsden, L.R.C.P.Ed., of a son.

On the 2nd inst., at the Royal Barracks, Dublin, the wife of Surgeon-Major Heffernan, 1st Batt. 11th Regiment, of a son.

On the 2nd inst., at Pentonville-road, the wife of E. H. May, M.R.C.S.E., of a daughter.

MARRIAGES.

On the 29th ult., at Glasgow, D. D. Service, M.D., of Kilwinning, to Janet, daughter of J. Paterson, Esq.

On the 29th ult., at Edgbaston, H. May, M.R.C.S.E., of Nechell's-park-road, Birmingham, to Sarah Bennett, daughter of J. Hollingsworth, Esq., of Edgbaston.

On the 29th ult., at Dumfries, A. Thomson, M.D., of Castle-street, Dumfries, to Agnes, daughter of J. M. M'Culloch, M.D.

On the 30th ult., at Tow-coster, H. Harland, M.D., of Mayfield, Sussex, to Sarah Frances Julia, daughter of the late W. G. Elliott, Esq., of Blisworth.

On the 3rd inst., at all Saints, Paddington, J. Davenport, M.D., late of the Bengal Medical Service, to Mary Sarah, daughter of the late W. M'Intyre, M.D., of Harley-street.

DEATHS.

On the 8th of Aug., at Nassick, R. Spencer, Civil Surgeon, aged 64.

On the 31st of Aug., at Stanley-place, Paddington, Joseph Wells, M.R.C.S.E., aged 65.

On the 16th ult., at Kilbeggin, Co. Westmeath, J. J. Macdonald, L.K.Q.C.P.I.

On the 20th ult., at East Harling, Norfolk, H. Crooke, L.S.A., aged 62.

On the 29th ult., W. Sayer, M.D., of Great Homer-street, Liverpool, aged 32.

On the 1st inst., at Lincoln, D. Chawner, M.D., Consulting Physician to the Lincoln County Hospital.

On the 4th inst., at Stafford-street, Edinburgh, J. Spence, F.R.C.S.E., of Otley, Yorkshire.

On the 5th inst., at Upper Phillimore-place, Kensington, Henry Gilbert, M.R.C.S.E., aged 52.

QUARTERLY NAVAL OBITUARY.

C. R. Lamb, L.R.C.S.I., Assistant-Surgeon April 19th, 1850.

W. M. Orville, M.R.C.S.E., Surgeon May 1st, 1857.

G. Sibbald, Assistant-Surgeon Dec. 20th, 1813 (on the retired list).

D. Thomas, M.R.C.S.E., Surgeon Sept. 20th, 1843.

BOOKS ETC. RECEIVED.

Dr. Guy on Sufficient and Insufficient Dietaries.
Dr. Easton on Expectorants.
Dr. Hilliard's Report on Cholera in Morar.
Dr. Anderton on Skin Diseases.
Mr. Bryant on Surgical Diseases of Children.
Mr. Ellis on Sewage of the Metropolis.
Mr. Banting on Corpulence.
Dr. Hewitt on Diseases of Women.
Viner and Ford's Illustrations of Dissections.
Statistical Report, Army Medical Department, 1861.
Rivista di Scienze Mediche. No. I.
Census of the British Empire. Part I.
Memoria sobre a Tracheotomia no Garrotilho. Por A. M. Barbosa. (Lisbon.)
Vierteljahrschrift für die praktische Heilkunde.
Art Journal.

Medical Diary of the Week.

MONDAY, OCT. 12
- ST. MARK'S HOSPITAL FOR FISTULA AND OTHER DISEASES OF THE RECTUM.—Operations, 1½ P.M.
- METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
- MEDICAL SOCIETY OF LONDON.—8 P.M. First Meeting of the Session.

TUESDAY, OCT. 13
- GUY'S HOSPITAL.—Operations, 1½ P.M.
- WESTMINSTER HOSPITAL.—Operations, 2 P.M.

WEDNESDAY, OCT. 14
- MIDDLESEX HOSPITAL.—Operations, 1 P.M.
- ST. MARY'S HOSPITAL.—Operations, 1 P.M.
- UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.

THURSDAY, OCT. 15
- ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
- CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M.
- LONDON HOSPITAL.—Operations, 1½ P.M.
- GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2 P.M.
- LONDON SURGICAL HOME.—Operations, 2 P.M.
- WEST LONDON HOSPITAL.—Operations, 2 P.M.
- ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
- HARVEIAN SOCIETY.—8 P.M. Mr. J. Z. Laurence will exhibit his Reflecting Ophthalmoscope.

FRIDAY, OCT. 16
- WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
- WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON.—8 P.M. Inaugural Meeting of the Session.

SATURDAY, OCT. 17
- ST. THOMAS'S HOSPITAL.—Operations, 1 P.M.
- LOCK HOSPITAL, Dean-street, Soho.—Clinical Demonstrations and Operations, 1 P.M.
- ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
- KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
- ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
- CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

TERMS FOR ADVERTISING IN THE LANCET.

For 7 lines and under	£0	4	6	For half a page	£1	12	0
For every additional line	0	0	6	For a page	3	0	0

The average number of words in each line is eleven.

Advertisements which are intended to appear in THE LANCET of any particular week, should be delivered at the Office not later than on Wednesday in that week: those from the country must be accompanied by a remittance.

TERMS OF SUBSCRIPTION TO THE LANCET.

UNSTAMPED.			
One Year	£1	10	4
Six Months	0	16	2
Three Months	0	7	7
STAMPED. (*To go free by post.*)			
One Year	£1	14	8
Six Months	0	17	4
Three Months	0	8	8

Post-office Orders in payment should be addressed to GEORGE PAYN, THE LANCET Office, 423, Strand, London, and made payable to him at the Strand Post-office.

THE LANCET *may be obtained from every respectable Bookseller or Newsman in the World.*

To Correspondents.

Jurist.—The hydrated peroxide of iron requiring to be freshly precipitated to be useful as an antidote for arsenic, and the preparation in the ordinary way requiring some time, when every moment is of importance, it was recently proposed (*Chemical News*) that a solution of the persulphate of iron should be kept, to which, when the oxide was required, calcined magnesia might be added, and the mixture thus produced be at once administered. By this means, the trouble of washing the precipitated oxide would be saved, and the patient at the same time be provided with a purgative, the sulphate of magnesia. If an excess of the calcined magnesia be used, the mixture cannot fail of being unobjectionable, and may be useful.

Inquirer.—There is no name of Le Blanc or Cummings in the Medical Register for 1863.

Omnia Bene.—The subject will probably be noticed next week.

THE TREATMENT OF GOITRE BY THE BINIODIDE-OF-MERCURY OINTMENT.

To the Editor of THE LANCET.

SIR,—In the eighth volume of the "Indian Annals of Medical Science" is an account of the treatment adopted by the late Major Holmes for the cure of bronchocele. Before the mutiny that lamented officer treated upwards of 60,000 sufferers from this disease at Segowlee, with marked success. His style of treatment, with certain modifications, has since been adopted by several civil surgeons in Oudh and elsewhere. The method in use at Fyzabad is the following:—Three drachms of biniodide of mercury are carefully mixed in a mortar with nine pounds of suet. One, two, or three drachms of this ointment, according to the size of the tumour, are to be rubbed in with an ivory or wooden spatula for about ten minutes soon after sunrise, and the patient desired to sit with the goitre exposed to the rays of the sun. After six or seven hours' exposure, the pain is often considerable, and the surface generally becomes slightly blistered. Some more ointment is then to be gently spread over the tumour, and the person may be allowed to go home, but with particular directions not to interfere with the blistered surface, and to come for a fresh application, if necessary, as soon as the skin has healed. Major Holmes advised that the ointment should be used but once a year to the same patient, and only between the months of November and March. I have found no objection to employing the remedy at all seasons of the year whenever the skin is in a proper state; but less exposure to the sun is necessary in the hot than in the cold season.

The following table will show how much this treatment is appreciated by the natives, who travel often four or five days' journey to this station to be treated; and I have no doubt that much larger numbers of cases could be shown by civil surgeons whose stations are within the districts where the disease prevails:—

Months and Years.	Number of new Patients treated for Goitre.
November and December, 1861	76
January and February, 1862	911
March and April, 1862	257
May and June, 1862	71
July and August, 1862	14
September and October, 1862	28
November and December, 1862	1114
January and February, 1863	2407

Each goitre is measured with a tape and callipers, and the dimensions noted for the purpose of comparison. Small goitres, such as are seen in England, are quite cured by one application; but those of larger size require three or four to complete their removal. When a goitre is of more than usual dimensions, the possessor of it is made an in-door patient, if he will remain, that the progress of the cure may be steadily observed. The most remarkable case of the kind I have seen in the Government Dispensary was that of a woman, whose goitre measured nearly five feet in circumference, hung down some inches below the navel, and was a source of great pain and derangement of health. The ointment was applied about once a month for a year, and on the patient leaving the hospital on private affairs, the swelling had been reduced to the size of a small cocoa-nut.

In conclusion, I cannot but strongly recommend this valuable method of treatment to practitioners at home, in the place of those tedious and usually unsatisfactory means which are at present employed for the cure of bronchocele.

I am, Sir, your obedient servant,

JOHN C. WHISHAW,
July, 1863. Civil Surgeon, Fyzabad, Oudh.

Mr. J. T. Muriel.—The Reports for 1862 form part of the fifth Report of the Medical Officer of the Privy Council, and are to be had at the Parliamentary Paper Office in Abingdon-street, Westminster.

THE communication from the British Meteorological Society shall be noticed next week.

Mr. Hodges.—It is impossible to procure the exact questions previous to the day of examination. The subjects of examination will be found in the Students' Number of THE LANCET.

Brynhafield.—He is only compelled to register at the Hall and College.

PREPARATION OF LIQUOR CHLORINÆ.

To the Editor of THE LANCET.

SIR,—Your correspondent, "J. B. W.," has mistaken the number of the page in Watson's "Principles and Practice of Physic." He states that at page 823, second volume, is a good formula. I have carefully read it and some other pages of the fourth edition, and do not see any account of such a preparation. As the preparation is one in which I take a very great interest, I should feel obliged if he would rectify the mistake.

I remain, Sir, yours truly,

September, 1863. J. C. H. C. W.

P.S.—Thanks to "F. H." for his note. I have been in the habit of making liquor chlorinæ in his way for some years.

PHARMACEUTICAL SOCIETY OF GREAT BRITAIN.

THE Board of Examiners meet on the third Wednesday in every month, excepting August and September, for the purpose of examining "all persons who present themselves for examination in their knowledge of the Latin Language, in Botany, Materia Medica, and in Pharmaceutical and General Chemistry," and are empowered by the Pharmacy Act to grant Certificates of Competency. The Regulations of the Board of Examiners, Syllabus of Laboratory Course, and other particulars may be obtained on application to Mr. Bremridge, Secretary and Registrar, 17, Bloomsbury-square.

Student must take care not to allow the microscope and test-tube to usurp too much of his attention. The observation of vital signs and general symptoms at the bedside must go hand in hand with physics and chemistry in the study.

A Patient inquires where he can obtain "Allarton's Steel Biscuits."

COAGULATION OF THE BLOOD: PROFESSOR LISTER'S LECTURES.

To the Editor of THE LANCET.

SIR,—In these lectures, which are designed to explain the circumstances under which coagulation of the blood and inflammatory exudation take place, the lecturer, in discarding the ammonia hypothesis, introduces one of his own, the character of which is altogether mechanical, and no less objectionable. In opposition to all received opinion, and unsupported by arguments or proof, we are requested to believe that during inflammation the capillaries or affected tissues have for the time being lost their vitality, and being in this (imaginary) condition have a tendency to induce coagulation in their contents, on which mechanical pressure is being exerted by accumulated corpuscles, and in this way inflammatory exudation is brought about.

This *modus operandi* is said to be analogous to the venous obstruction which in passive dropsy is supposed to exert pressure on, and occasion exudation from, the extreme capillaries, which, however, being healthy in dropsy, have no coagulating influence, but permit the liquor sanguinis to pass unaltered and unmodified.

Accumulation of blood-corpuscles and "choking" of the capillaries being admitted, consequent mechanical pressure is *presumed*; and because a coagulum formed on the surface of a foreign body introduced into the current of the blood, the capillary parietes, when inflamed, are also *supposed* to be *pro tem.* in the condition of ordinary solids, and in this character to exert a coagulating influence or tendency. This, in mercantile phrase, is "the latest thing" in physiology, and will be received as a "startling novelty" by such as have hitherto regarded inflamed capillaries, not as having lost their vitality, but as being in a state of *increased* vascular activity, and in full formative or reparatory energy. This extraordinary hypothesis is represented as deriving support from an experiment, in which, the jugular vein having been treated with liquor ammoniæ, the coagula which formed on its inner surface are *supposed* to have been owing to the vessel having *pro tem.* lost its vitality, and descended to the condition of an ordinary solid! In this experiment the explanation, or rather the supposition, is extreme and improbable, and it is more natural to ascribe the coagulum to the contact of the current of blood with the inflammatory exudation which must have been caused on the inner surface of the inflamed vessel.

The lecturer fails to establish any analogy or derive any support to his hypothesis from the venous obstruction which in passive dropsy is supposed to occasion pressure and transudation of liquor sanguinis from the extreme capillaries, for it is abundantly clear that mechanical pressure is not an element in the production of dropsical effusion in renal disease, &c. &c.; and until Professor Lister demonstrates the existence of pressure, and proves it to be an operating cause, it is much more likely that inflammatory exudation takes place independently of mechanical pressure, and in the same way as serous effusion is produced in *active* dropsy, to which it is probable the inflammatory process is more akin than to operations of a purely passive character.

I would like some *proof* of mechanical pressure, and that the vessels, when inflamed, have lost their vitality, and are acting like ordinary solids.

I remain, Sir, yours, &c.,

October, 1863. AN ORDINARY STOLID.

F. J. will find a case of poisoning by creasote related in No. 5 of the *Australian Medical and Surgical Review*. The quantity supposed to have been taken was *at least* an ounce and a half. The length of time which elapsed between taking the poison and the appearance of the symptoms could not have been over half an hour, and might have been only a few seconds. The effect on the heart's action was the first to make its appearance. The patient recovered.

A Young Practitioner.—It is usual to charge a guinea for filling up the certificate of death for an insurance company.

ON THE VALUE OF TINCTURE OF IODINE AS A TEST FOR DIABETIC URINE.

To the Editor of THE LANCET.

SIR,—Having a case of diabetes mellitus under my care, and wishing to ascertain the value of the recently discovered test of Trousseau and Dumontpallier, I performed the following experiment:—

Equal quantities of healthy and diabetic urine were placed in two test-tubes (sugar having been ascertained to be absent from the former specimen). I then added to each fifteen drops of tincture of iodine. The effect was to tinge the healthy urine of a rose colour, which it retained; while in the diabetic specimen all trace of colour was promptly removed, showing the presence of glucose.

The test is very convenient, as well as very striking to the eye when compared with a healthy specimen. It is also very delicate, as I found by diluting the urine with water until I reached a specific gravity of less than 1001. In the latter experiment all colour was removed, but it took a longer time.

The presence of rhubarb has appeared to me to interfere with Lutaud's test (bichromate of potash and sulphuric acid); but it produces no such effect upon the iodine test.

Should the value of this test be further confirmed, it will be found more ready and convenient than any of the means hitherto employed for the detection of sugar in the urine.

I am, Sir, your obedient servant,

Parsonstown, Oct. 1863. H. D. MAHY, Staff Assist.-Surg.

HOSPITAL SHIP "DREADNOUGHT," OFF GREENWICH.

No notice of this hospital was sent for insertion in the Students' Number of THE LANCET. It contains 200 beds, and is established for the relief of seamen of all nations. Casualties from the shore are also received. Residence is provided for those who may wish to attend the hospital practice, constant opportunities occurring for the practice of operative surgery.

THE *Deccan Herald and Indian Times* have come to hand, containing important articles on the Indian Medical Service, demonstrative of the dissatisfaction in that department, and the sympathy of civilians with the medical officers. The theory that the amalgamation has been deferred through the jealousy of the Horse Guards and the desire for patronage, is, however, quite incorrect and even childish. The amalgamation has been defeated by the Director-General in London. We extract the following from the latter paper:—

"The medical officers are of all ages from twenty-two to sixty, and the annual decrease by deaths and retirements, &c., is eight per cent. Consequently, to keep up a staff of 1800, 144 assistant-surgeons must join the army every year. How this is to be accomplished, in the present state of public feeling towards the medical department of the army, and when the schools and colleges of Great Britain and Ireland are doing everything in their power to dissuade students from entering the service, 'until Government are coerced into acknowledging the claims of the medical service,' is the problem to be solved by the authorities at the War Office and the Secretary of State for India. Many think that what is wanted is a speedy settlement of the medical amalgamation scheme; a revised and increased scale of pay for India, after the manner of the English scale—viz., so many rupees per diem as unemployed pay, or pay of rank, and a monthly staff allowance for regimental and other charges; promotion to the grade of surgeon after a fixed term of service, say ten or twelve years. Nothing has lowered the army medical service in public estimation more than the idea of uncertainty which has become attached to it, and the way in which the Royal Warrants have been openly set at naught."

Signs.—Dr. T. S. Fletcher, Bromsgrove. (*Vide* THE LANCET, June 6th, page 651.)

THE DIGNITY OF DRESS.

To the Editor of THE LANCET.

SIR,—May I be permitted to point out one or two trifling inaccuracies in the table of University hoods given in last week's LANCET.

The M.D. hood of Oxford is composed of scarlet *cloth*, not silk, and lined with crimson silk; and the M.B. hood of St. Andrews is only *edged*, and not lined, with violet silk.

Allow me also to say that the cap and gown for medical graduates at St. Andrews are the same as those worn by M.A.s of Cambridge, and that the hood is of the Cambridge shape. Yours obediently,

October, 1863. M.D. ST. ANDREWS.

To the Editor of THE LANCET.

SIR,—In your article on academical costumes in last week's number, you omitted to mention that of the University of Aberdeen, which for M.D. consists of a gown of black silk or stuff material,—same as that of Cambridge M.D.,—a hood of purple cloth with scarlet silk lining, and a square cap.

Your obedient servant,

October, 1863. M.D. ABERDEEN.

To the Editor of THE LANCET.

SIR,—Having had our attention drawn to an article in your journal of the 3rd instant, entitled "The Dignity of Dress," we are anxious to correct a slight mistake in your description of the hoods as worn by graduates in Medicine of this University. The hood worn by Bachelors of Medicine of Edinburgh is as follows:—*Lilac silk, trimmed with white fur.* The M.D. hood is lined with crimson silk, not with scarlet, as stated in your list. We may state that the gowns for the different degrees vary in shape, as do the hoods.

We are, Sir, yours most obediently,

CHRISTIE AND KILPATRICK,

Edinburgh, October, 1863. Robe-makers to the University.

Mr. J. S. Denham, of South Shields, requests information from Licentiates of the Royal College of Surgeons of Edinburgh and of the Faculty of Physicians and Surgeons of Glasgow as to the right they have been proved to possess in courts of law to recover their charges in England. If their claim has been allowed for medical attendance only, or if they have been permitted to charge for medicines supplied, and whether in medical or surgical cases, or both.

SWALLOWING A BROOCH.

To the Editor of THE LANCET.

SIR,—On the 30th ultimo, a patient in a state of very great alarm came to consult me about her baby, seven months old, who had that morning swallowed a silver crescent-shaped brooch, containing twelve small stones. Having met with several instances of children who had swallowed fruit-stones, coins, pins, &c., my advice to her was to let Nature alone, which advice has been invariably successful in my experience. The mother was content to abide the result of my prognosis. My little patient parted with its indigestible treasure on the following Thursday, without a single bad symptom. Yours, &c.,

Aldersgate-street, October, 1863. CHARLES HOGG, L.R.C.P.E.

THE address of *Mr. Richard Tudge* in the list of students who passed the preliminary examination at Apothecaries' Hall, given in our last number, should have been "Moreton, Hereford," instead of "Stoney Stratford." The error was not ours.

CONRATH'S ROYAL CRIMEAN INVALIDS' AND CHILDREN'S RUSKS.

SOME samples of this food have been forwarded to us by Mr. Wm. Cook, of Coventry-street, Piccadilly. We have found them to be light, nutritious, and a very agreeable article of diet. They will be found very serviceable in the sick room and the nursery.

ARMY MEDICAL SERVICE.

OF the letters received in answer to "A Deputy Inspector-General," we have been able to find room for three only. Many of those which are on hand are of considerable length, and we fear that they cannot be inserted. Our military friends, however, may be assured that their communications receive in all cases due attention and consideration. Those intended for insertion should, we repeat, be as concisely worded as possible.

TREATMENT OF SPASMODIC ASTHMA.

To the Editor of THE LANCET.

SIR,—A number of suggestions have been made by your correspondents to "A Professional Brother" on the subject of his spasmodic asthma. I quite agree with one writer, that great attention to diet is of the highest importance, and in some instances this alone is sufficient to effect a cure. Let me, however, add that in refractory cases I have found that smoking a cigarette, containing from a grain to a grain and a half of arsenic, of very great service in averting attacks. Yours, &c.,

October, 1863. ARTHUR LEARED, M.D.

PIN will find the subject fully treated of in Dr. Copland's "Medical Dictionary," art. Apoplexy.

Demaure.—Such questions cannot be answered properly in this place. They should be put to the family surgeon.

Sinders may consult "Dr. Hassall on the Urine."

EGG-POWDER.

To the Editor of THE LANCET.

SIR,—I should be very glad if I could be informed, through the medium of your columns, where the "egg-powder" can be obtained which is coloured with *chromate of lead*. I have endeavoured to procure a specimen of the powder for purposes of investigation, but have not succeeded, the only egg-powder which I have obtained being identical with a so-called "baking powder," which is almost colourless. I am convinced that there is a composition manufactured, called "egg-powder," of the kind described, as I have seen traces of it in farinaceous puddings; but of course the mart from which such a commodity is obtained is a secret not likely to be divulged by the cook, as cooks "never use such things"!

I am, Sir, yours truly,

October, 1863. M. A. B.

THE LATE DR. OUDNEY.

To the Editor of THE LANCET.

SIR,—In answer to the inquiry of your correspondent, "M.D.," I wish to say that MRS. Catherine Rentoul, the sister and only surviving relative of the late Dr. Oudney, emigrated about four years ago from Ireland to New Zealand, with her husband and children. To what part thereof I regret my inability to tell. Yours respectfully,

Tunbridge Wells, October, 1863. W. B. H.

THE ARMY MEDICAL DEPARTMENT.

To the Editor of THE LANCET.

SIR,—In the "Army List," published monthly by authority, the following note has lately appeared at the end of the list of the Medical Department:—

"N.B.—The medical officers whose names are printed in italics are employed by the Government of India at civil stations or with native troops."

Now, it may not be generally known at the medical colleges and schools that young officers of the Royal army a few months in the service are very rarely allowed to hold civil stations, and then only as a temporary measure during the sickness or absence on leave of the more fortunate "locals." An assistant-surgeon just arrived in the country may be sent "to do duty" with native troops, although he may be utterly ignorant of the language—an affair of very small moment, however, in these days. But neither at a civil station nor with native troops can a medical officer derive any emolument from the charge until he has *passed* a pretty stiff examination in the Hindoostanee language. I am, Sir, yours, &c.,

September, 1863. A. S.

COMMUNICATIONS, LETTERS, &c., have been received from — Dr. Leared; Mr. Cooper; Mr. Horton; Mr. Wood; Mr. Young, (with enclosure;) Mr. Cooke, Scarborough; Dr. Eadon; Mr. Jacques; Mr. W. Davenport; Dr. Trimmer, Gamlingay; Mr. T. Taggert, (with enclosure;) Mr. W. Lancaster, Bradford, (with enclosure;) Mr. Barber; Mr. Fenn, Nayland, (with enclosure;) Dr. Pyle; Mr. H. Leach; Mr. Ewington, (with enclosure;) Dr. Cuthbertson, Stirling, (with enclosure;) Mr. Morrill, Shiffnal; Mr. Sanderson, Torrington; Mr. Heslop; Mr. Gunswell; Mr. S. Foulds, (with enclosure;) Mr. Lobb; Mr. Swann, Wickham; Dr. Barker; Mr. Beynon, (with enclosure;) Mr. Vincent, Bath, (with enclosure;) Mr. Richards, Stockport; Mr. Robertson, Edinburgh; Mr. Jackson, (with enclosure;) Mr. A. Watkins, Worcester, (with enclosure;) Mr. Oswald; Mr. Sutton, Timberland, (with enclosure;) Mr. Oxley, Huddersfield; Dr. Cook; Dr. Goode; Mr. F. Henderson; Mr. Carmichael, Mexbro'; Dr. de Chaumont, Netley; Mr. Owen, Oxford, (with enclosure;) Mr. T. Hale; Dr. Eastwood, Fairford, (with enclosure;) Dr. Williams, Norwich; Mr. Hayman; Mr. Grahame; Dr. Marsh, Nottingham; Mr. R. W. Watkins, Towcester; Dr. Holland, Emsworth; Mr. Ramsden; Mr. Napper, Cranley; Mr. Keele, Portsmouth; Dr. Reynolds, Cheltenham, (with enclosure;) Mr. Batterbrie; Dr. Mackie, Cupar; Mr. Stephen; Dr. Robbs, Stamford; Mr. Wicks, Cherry Hinton, (with enclosure;) Mr. Hogg; Mr. Hunter; Dr. Royle; Veritas; M. A. B.; Vaccination; An Assistant-Surgeon; C. B.; Indian Medical; A Surgeon; A Young Practitioner; A Medical Officer; W. A. R.; An Ordinary Stolid; Suum Cuique; Optimus; Medicus; An Old Subscriber; Gown; L.R.C.P., (with enclosure;) A Constant Subscriber; &c. &c.

DR. J. C. BROWNE'S CHLORODYNE.

THE ORIGINAL AND ONLY GENUINE.

ORIGIN & HISTORY.—"CHLORODYNE" was a name "COINED" by Dr. J. COLLIS BROWNE, M.R.C.S.L., Army Medical Staff, exclusively to denote a new principle in Medicine discovered by him, which is nowhere described or mentioned in Pharmacopœia or Medical Works.

FIRST INTRODUCTION.—In 1856 DR. BROWNE confided the FORMULA for obtaining and preparing this wonderful principle solely to J. T. DAVENPORT, Pharmaceutist, through whom it was and is solely manufactured, the Formula never having been published or otherwise made known.

MEDICAL USES.—Styptic, Antispasmodic, Astringent, Narcotic, Anodyne, Emmenagogue, Diaphoretic, &c. &c.; totally differing from Opium, Morphine, Indian Hemp, Prussic Acid, or Chloroform.

DOSES.—Diaphoretic, ♏ v. to xx.: Influenza, Fever, Ague, &c. Antispasmodic, ♏ xx. to xxx.: Neuralgia, Rheumatism, Gout. Diuretic, ♏ x. to xx.: Ascites, Anasarca, Suppressio. Astringent, ♏ xxx. to ʒ j.: Cholera, Dysentery, Diarrhœa. Sedative, ♏ xx. to xxxx.: Delirium Tremens, Phrenitis, &c. Emmenagogue, ♏ xv. to xxv.: Chlorosis, Amenorrhœa. Styptic, ʒ ss. to ʒ j.: Hæmoptysis, Hæmatemesis. Uterine, ♏ xxv. to xxx.: Dilator oris uteri quoque contractor fundi uteri post fœtationem.

Extract of Letter from Dr. SHORTHOUSE, in reply to "Inquirer."

"The effects (of Chlorodyne) produced are utterly unlike those which follow the administration of Morphia or Opium. Secretion is not checked, but the contrary; the pupils are not contracted, the breathing is not laboured, nor does the patient complain of any head symptoms afterwards. Many persons who cannot tolerate Morphia in any of its forms can take (Dr. Browne's) Chlorodyne not only with impunity but advantage. ..... Sooner or later (Dr. Browne's) Chlorodyne will replace every other remedy."

CAUTION.—It is necessary always to write "Chlorodyne—Dr. Browne's," as frequent complaints are made of imitations being substituted.

Sole Manufacturer—J. T. DAVENPORT, 33, Great Russell-street, Bloomsbury-square.

REDUCTION OF PRICE TO THE MEDICAL PROFESSION.

In bottles, 1 oz., 3s.; 2 oz., 5s.; 4 oz., 8s.; 10 oz., 15s. To Hospitals and Charities, in quantities, a large discount allowed.
Each *genuine* bottle bears a red stamp, with the words "DR. J. COLLIS BROWNE'S CHLORODYNE" in white letters.
To be obtained from all Wholesale Druggists.

Liquor Folii Ricini, for increasing

the Secretion of Milk in Suckling Women.

Mr. GREENISH solicits the attention of the Profession to the above Preparation, which is now in great demand.

Dose: One teaspoonful, three times a day.

Prepared by THOMAS GREENISH, Chemist, 20, New-street, Dorset-square.

Blancard's Pills of Unchangeable

IODIDE OF IRON.

Recommended by the Academy of Medicine of Paris,
And authorised by the Medical Council of St. Petersburg;
Extensively tried in the Hospitals of France, Belgium, Ireland, Turkey, &c.
Favourably noticed at the Universal Exhibition of New York, 1853,
and Paris, 1855.

"Of all the modes hitherto proposed of administering Iodide of Iron in the pure state, I think Mr. Blancard's the best."—CHEMISTRY APPLIED TO THERAPEUTICS, by M. Mialhe, Deputy-Professor to the Faculty of Medicine of Paris, Pharmacien to the Emperor, 1856, p. 319.

These Pills stand now very high in the therapeutics of every country, as may be seen by the above quotations, and also by the numerous scientific articles in medical periodicals and works.*

Being enveloped in a very thin resino-balsamic coating, they present the great advantage of not being liable to any deterioration, of having no taste, of being small, and not distressing the stomach. As they possess the properties both of iodine and iron, they are especially beneficial in chlorotic, scrofulous, tubercular, or cancerous affections, as also in leucorrhœa, amenorrhœa, anæmia, &c. &c.; and they furnish the medical man with an excellent means of modifying lymphatic, feeble, and debilitated constitutions. Dose, 2 to 4 pills a day.

N.B.—Impure or altered Iodide of Iron is an unsafe remedy, and may even prove dangerous. Only such bottles as bear an electro-plated seal fixed to the lower part of the cork, and the signature of the inventor placed on a green label, are to be considered as prepared by Mr. Blancard. The public should beware of spurious imitations.

To be had at M. BLANCARD'S, Pharmacien, Rue Bonaparte, No. 40, Paris. General depôt in England, at M. Gabriel Jozeau's, French chemist, 49, Haymarket, London. In Ireland, at Mr. Villies, Steeven's Hospital, Dublin. In the United States, at E. and S. Fougera, Chemists, 30, North William-street, New York. To be obtained from the principal Chemists.

* Bulletin de l'Académie de Méd., 1850, page 1015; Gazette Médicale, Aug. 17th, 1850; Union Médicale, Aug. 15th and 22nd, 1850; Gazette des Hôpitaux, March 15th, 1853, and June 10th, 1854; Gazette Hebdomadaire de Médecine et de Chirurgie, Aug. 31st, 1855; Révue de Thérapeutique Médico-Chirurgicale, Feb. 15th, 1855; Abeille Médicale, Révue Clinique; Repertoire de Chimie et de Pharmacie; Annuaire de Thérapeutique pour 1851, page 199; Orfila, Elements of Chemistry; Mialhe, Chemistry applied to Therapeutics, 1856, p. 319; Quevenne, Essay on the Physiological and Therapeutical Action of Preparations of Steel, page 97, 1854; Bricheteau, Treatise on Chronic Diseases seated in the Respiratory Organs; Soubeiran, Treatise on Pharmacy; Dorvault, Officine; &c. &c.

Bastick's more Certain Forms of

REMEDIES.

LIQUOR COLCHICINÆ, LIQUOR HYOSCYAMINÆ, LIQUOR SMILACINÆ. (*Vide* THE LANCET, Feb. 12, 1859.)

OLEUM MORRHUÆ CUM QUINA, OLEUM MORRHUÆ CUM FERRI IODIDO, and other Medicated Cod-liver Oils.

MANGANESE CUM POTASSA; the most efficient and painless caustic for cancer, &c., and corrective of fœtid ulcers, &c.

LIQUOR CALCIS CONCENT.; for the administration of lime in milk, and other bulky vehicles.

AMMONIÆ VALERIANAS (LIQUOR); a valuable stimulant and antispasmodic in neuralgia, hysteria, &c.

FERRI ET STRYCHNIÆ CITRAS (LIQUOR), recommended in Atonic Dyspepsia and in functional uterine derangements.

W. BASTICK begs to direct the attention of the profession to the above Remedial Agents, as originally devised and prepared in his laboratory.

Brook-street, Bond-street, London.

Aloina. — T. and H. Smith, the

Discoverers of this,

THE CRYSTALLINE PURGATIVE PRINCIPLE OF ALOES,

(vide "Edinburgh Monthly Journal of Medical Science" for Feb. 1851,) continue to prepare and supply it. They have the gratification of knowing that the most eminent of the Profession prescribe it, to the exclusion altogether of the various kinds of aloes.

Orders executed direct, or through any Drug House, by T. & H. SMITH and CO., 69, Coleman-street, City, London, and 21, Duke-street, Edinburgh.

Syrupus Ferri Phosphatis Compositus.

(CHEMICAL FOOD.)

Liquor Ferri et Quinæ Paracetatis.

Prepared by
BREWER & CO., 5, Liverpool-street, E.C.

James's Fever Powder,

4s. 6d. per bottle; packets 2s. 9d. each.

Prepared and Sold by J. L. KIDDLE, 31, Hunter-street, Brunswick-square, London.

This Preparation has been so extensively employed by the Faculty, and its merits so universally acknowledged by the Public at large, as to render all further remark on the part of the Proprietor unnecessary. To be had of all Wholesale Druggists.